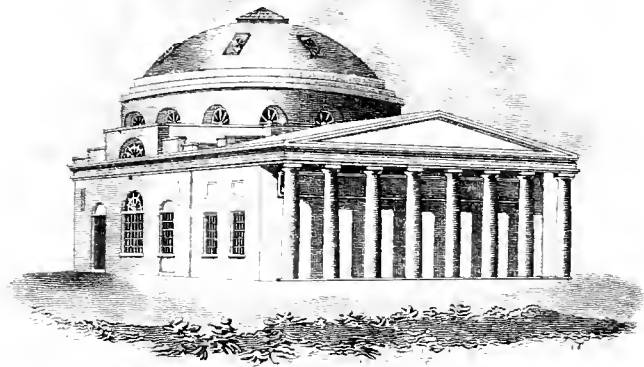


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OF THE UNIVERSITY OF MARYLAND

Vol. XI

BALTIMORE, MD., MARCH 15, 1915

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THE SLUDER METHOD OF TONSIL- LECTOMY.

By RICHARD H. JOHNSTON, M.D.,
Baltimore, Md.

About two years ago Dr. Greenfield Sluder of St. Louis published his experiences with a new method of removing tonsils by means of a guillotine. His article was received doubtfully, because it did not seem possible to remove tonsils in the capsule with the instrument described. His high standing in the profession, however, led to trials of his method, with the result that many laryngologists now prefer the "Sluder" tonsillectomy to all others, because, when expertly done, it is not only the quickest method of removing tonsils in the capsule, but, what is more important, it leaves a smooth fossa, with anterior and posterior pillars intact. Sluder claimed in his early papers that hemorrhage was much less than after other methods. In my experience the bleeding is about the same as with other methods, but, because of the reasons mentioned above, it is to be preferred. If one follows Sluder's description of the different steps, the difficulties of learning the method are greatly increased. If, on the contrary, one follows what seems the natural plan with such an instrument, the method is easily learned. The secret of success depends entirely upon the proper manipulation of the guillotine, and, once this knack is acquired, no trouble is experienced in removing tonsils in the capsule in at least 95 per cent. of cases. Even small, flat tonsils, which at first sight appear impossible of seizure by the instrument, are almost as easily removed as the more prominent ones. Strange as it may seem,

tonsils which project into the throat, with a narrow anterior pillar, are the most difficult of removal, for a reason which will be emphasized later. The instrument is shaped like the old Mackenzie guillotine. The hole through which the tonsil passes is more rounded and the blade more rigid, which is necessary for a successful operation because great pressure is required at this point. Formerly two sizes were made. It was found, however, that between the ages of 10 and 20 years an instrument between these two sizes was required. Sluder laid stress upon a bony prominence on the lower jaw against which the tonsil ought to be pressed, so that it could more easily be forced through the opening in the instrument. I have not found this necessary, and in every case disregard it. The method of using the guillotine is as follows: After the patient is anesthetized, a mouth-gag—I prefer Ferguson's, because it is introduced between the bicuspid teeth and is well out of the way—is placed in position. If the left tonsil is to be removed first, the blade of the guillotine is inserted from the right side of the mouth with the left hand. No tongue depressor is used, since the tongue is pushed away with the instrument. When the tonsil comes into view, if the lower part projects downward, the blade is turned in that direction to force that part of the tonsil through first. This accomplished, the blade is turned vertically and carried over to the right side of the mouth as far as possible, at the same time exerting pressure on the lower jaw with the rounded end. By pressing upward slowly on the bone the tonsil is coaxed out of its bed until the edge of the anterior pillar is seen. The blade is now driven partially home, just grazing the anterior pillar to prevent the tonsil from slipping

and the blade from cutting the pillar in the further manipulation of the instrument. The embedded or adherent portion of the tonsil now appears as a bulging mass covered by the anterior pillar. The ball of the right thumb pushes this mass through the opening of the instrument. If the tonsil is soft this is easily accomplished; if it is hard the pressure must be prolonged some seconds before the sudden "giving" sensation announces that the entire gland has slipped through and it is time to drive the blade all the way home. Great pressure is needed to cut through the tonsil, which is supplied by a "dog" which is passed through a small hole in the blade, while its right-angled process is pushed down over the flat end of the handle. The finger of the right hand is now pushed down alongside the blade and any shreds of tissue broken up, when the tonsil is removed en masse. When the anterior pillar is narrow it is more difficult to push the tonsil through. Occasionally, after the blade has cut through the tonsil, it will be found that too much force will be required to peel the tonsil out with the finger; then it is best to remove the instrument and to cut through the remaining shreds with the snare. In such cases the tonsil appears completely dissected out with the capsule covering it like a hood. After the tonsil is removed, sponges are packed in the fossa and held for a few minutes. The anterior pillar is retracted and the bleeding vessels caught with Jackson's clamps and tied off if necessary. The fossa is found perfectly smooth—so smooth that the vessels are grasped with difficulty. The right tonsil is removed in the same way, the instrument being manipulated with the right hand and the left thumb used to push it through. Occasionally, if the tonsil is too large for the small instrument, a small piece of tonsil tissue is left in the supratonsillar fossa or near the tongue; these are removed with the snare or cut off with scissors. Sometimes in flat tonsils it is impossible to remove the entire gland; the top is shaved off and the base left. Without dissection this is pulled out of the fossa and removed with the snare. The advantages of the method are: 1. The celerity with which both tonsils can be removed. 2. No dissection of the pillars is required, since the instrument dissects and enucleates at the same time. 3. Since no knife is used, the pillars are not injured, as is sometimes the case with the snare. 4. The field of operation is bloodless until the tonsil is removed, which does not obtain with other

methods. 5. Since the field is bloodless, every step of the operation is seen, which is not the case with other methods if bleeding is at all free. 6. There is less traumatism, because the tonsil is removed with one stroke of the instrument. 7. The operation gives a deep fossa and more normal pillars than any other method with which I am acquainted. 8. In those cases in which bleeding does not occur, the tonsils can be removed in from three to five minutes.

807 N. Charles street.

PERFORATED GASTRIC ULCER WITH DIFFERENTIAL DIAGNOSIS.

By GEORGE H. DORSEY.

It must be remembered that this paper is limited in its scope to a discussion of the diagnosis of perforated gastric ulcer, with a view to presenting some facts as to the differential diagnosis. Lack and limit of time prevent the latter from being freely discussed in detail.

In describing the symptoms attendant upon the perforation of a gastric ulcer we should draw a very necessary distinction between those which are due to the perforation itself, and not the complications aroused secondarily, which early diagnosis and treatment could prevent.

When perforation occurs, there is a sudden onset of the most intolerable and agonizing pain. The pain is hardly exceeded in severity by any that a human being can suffer. The patient is always prostrate with agony. His face wears a deeply anxious expression, the eyes are wide and watchful, beads of perspiration stand out upon the brow, and lines are quickly graven on the cheeks. The patient breathes shortly and quickly; he cannot take a deep inspiration. Collapse is certainly not present, however, when the patient is seen within an hour or two, if it is to be measured by the ordinary signs, for the pulse is not rapid—it is usually not more than 80—and its quality is not much impaired.

Examination of the abdomen is resented. It will be found that the abdominal wall is tight; it is held with a rigidity that never for one minute slackens. The abdomen is retracted and never at this stage distended. Distension comes later. A most careful examination of the abdomen will reveal an area of more profound tenderness, and if possible, of more obstinate resistance, than the

rest. This area will be found in the middle line, a little above the umbilicus, or in the left hypochondrium. The pain radiates to the left costal margin and sometimes to the left breast. Vomiting may occur at first, but usually does not. It is accordingly of no value as a diagnostic sign.

The symptoms described are those due to perforation, to the sudden onset of the rupture in the ulcer. They are ample to permit of an assured diagnosis of some perforation, and of a probable diagnosis of gastric perforation, being made.

The early history of the case is of the greatest possible significance. We know that in all cases, other than the acute toxic ones, it is the chronic ulcer which perforates, and no chronic ulcer exists without betraying its presence by symptoms which to those capable of recognizing them are of the clearest significance.

What, then, is this train of symptoms which so closely typifies ulcer of the stomach? Certainly, its chronic character is important. The patient rarely fails to relate clearly and precisely that it has been many years since he first began to experience gastric disturbance. These were mild perhaps in their beginning, of short duration, and but little inconvenience to his general health and usefulness. He will tell us that as the years have gone by, the trouble has been of the same type, has gradually increased in severity until finally he has little or no relief. The second characteristic feature, and one usually clear to the patient, is the periodicity of attacks. Early in the disturbance he may say the spells came spring and fall and were not severely annoying. That they came most often without any reasonable cause, suddenly, and continued days or weeks without interruption. Each day of the attack was a repetition of the preceding, each meal producing the same effect; first, comfort for one to five hours, then pain, gas, sour stomach and vomiting.

But, in making a differential diagnosis, may not any or all of these symptoms be present in gall-stone trouble or appendiceal attacks? Yes, all of them. Then the chronic tendency, periodicity, pain, vomiting and gas are not within themselves characteristic of a previously existing gastric ulcer. It is not the location of the pain that tells the story; it is not the kind of pain nor its severity that points the way, but it is, first, the time of pain or other symptoms; second, the regularity of pain and other symptoms, and, third, the means by which the pain or other symptoms are relieved,

that give the differential to gastric ulcer. During the period of an attack in gastric ulcer the patient complains more or less severely of pain, gas, heartburn and sour stomach which comes before meals. Usually one to five hours after a hearty meal the symptoms return, and just as surely and regularly as these symptoms present themselves they are controlled by food, drink, alkalies or irrigation. This peculiar cycle is the characteristic of gastric ulcer.

As we have already said, the chief pitfall lies in the close mimicry of the symptoms of appendicitis. In both the attacks begin abruptly, the pain is sudden in onset, acute, referred often to the epigastrium, or to the whole abdomen, and later it is upon the right side of the abdomen. But the history is the chief factor upon which to place reliance. The perforation in an appendix case is not preceded by any "indigestion," at least not of the gastric type.

In appendicitis of the acute perforative variety, a history of some slight pain or constipation is usually to be heard. Moreover, the rigidity in appendicitis is not to be compared in intensity with that in gastric perforation, nor is the agony so excruciating in kind. The relative tenderness and rigidity are different. In cases of perforated gastric ulcer they are never lacking in the epigastric region; in cases of appendicitis, they are only exceptionally there, and then are of no great severity.

One of the most perplexing difficulties which may confront the surgeon lies in the proper discrimination of acute catastrophes arising in the gall bladder from those which have their origin in the stomach. An acute perforation of the gall bladder may present identical symptoms, both local and general, and nothing but a careful analysis of the previous history can insure an accurate diagnosis. Above all in importance is the orderly sequence of events. There is method in the natural history of gastric ulcer; there are the definite attacks, appearing at certain times, eased by diet, instantly relieved by alkalies or by lavage. Such a definite periodicity is never seen in gall-stone disease. Then, again, the character of the pain in the two differs essentially. A sudden onset with severe epigastric pain, radiating to the right, sometimes to the left, and through to the back, with sudden cessation, without apparent cause or any treatment, are quite peculiar to gall-stone disease when no complications are present. These

attacks come irregularly, night or day, and bear no relation to food, though often wrongly called acute indigestion.

Perhaps the most disconcerting of the diagnostic disasters which have occurred are those in which an acute thoracic disease has been mistaken for an acute catastrophe in the abdomen. It is extraordinary with what accuracy an acute intra-thoracic disease may clothe itself with the symptoms and signs of an abdominal disorder. In cases of pleurisy, especially diaphragmatic pleurisy, the onset may be sudden, the pain may be felt exclusively in the abdomen, the abdominal muscles may be tense, and the surface of the body extremely tender. The points of chief significance upon which stress should be laid in order to prevent a mistake of this kind being committed are: First, the temperature. This is the most important of all. It is rare in any case of acute abdominal lesion to find the temperature raised to 102° or more. In the acute thoracic conditions the temperature may range between 103° and 105°. Second, the rapidity of respiration. Third, the disproportion between the rate of the pulse and the rate of respirations. The pulse is not much over 100 in the acute lesions within the chest, while the respirations may be between 35 and 45. A pulse rate of 120 and a respiratory rate of 25 would be more commonly recorded in an abdominal case. Fourth, the condition of the abdomen in respect of rigidity and tenderness. There is never the same unchanging resistance of the abdominal wall in any chest condition as there is when the lesion is in the abdomen, nor is the tenderness more than superficial.

In connection with this, through the kindness of Dr. Bay, I am going to report one of his private cases of perforated gastric ulcer.

The patient was a young white man, aged 23 years. He was brought to the hospital by his physician, giving the history of having been seized suddenly on October 28 with a boring pain in the upper part of his abdomen. On examination the abdomen was tense, rigid and very tender in the upper part. His pain was intense, and his physician stated that he had given repeated doses of 1/4 gr. of morphine and finally 1/2 gr. doses, which were pushed to tolerance, yet the pain persisted. By the way, that is almost characteristic of a perforated gastric ulcer; the pain is so intense that morphia will not relieve it.

On admission his temperature was 99.2°, his

pulse 95, and respirations 20 to the minute. His leucocyte count was 15,600. He gave a history of having suffered from attacks of indigestion, with pain, gas, sour stomach and belching. The patient said he had suffered for some years (he could not state exactly how long) and had continued to grow worse until the crisis came.

He was taken to the operating room with a diagnosis of perforated gastric ulcer, placed under an anesthetic and his abdomen opened through a right rectus incision from the costal margin level with the umbilicus. When the peritoneum was opened, a peritonitis was evident and a quantity of bile was mixed with the serous exudate. The stomach was inspected and a large perforated ulcer found at the pylorus. An effort was made to close the hole with a suture, but the tissue was so necrotic it would not hold. A piece of omentum large enough to cover the perforation was cut off and a plastic bit of surgery done in sealing the perforation with it.

After closing the perforation, the posterior wall of the stomach was exposed and a gastro-jejunostomy performed. Free drainage was provided, the wound closed, and the patient removed to his bed in very poor condition. He remained unconscious and delirious in spells for four days, when he began to improve. On November 14, just fifteen days after the operation, his appetite was good and he was sitting up in a wheel chair. On November 24 he was discharged, it being just twenty-six days since he entered the hospital, his drain tract had closed, his appetite good, bowels regular, temperature and pulse normal, and pronounced cured.

ADDRESS DELIVERED BY HIS EXCEL-
 LENCY, PHILLIPS LEE GOLDSBOROUGH,
 AT THE FIFTH ANNUAL
 HEALTH CONFERENCE, FEBRUARY
 8, 1915.

The progress of the State in any of its departments is first accomplished, not by the effort of a large body of its citizens, but rather by an individual here and there. And so it is that, in the adoption of laws, followed by their intelligent application and enforcement, which have made for the improvement of the health of the people of Maryland, I might name a distinguished man, and a few of his associates, who are richly entitled to the credit of having established a State Depart-

ment of Health, which, for the splendid work it has done and is now doing, challenges the admiration of all people.

Need I speak of some of its recent accomplishments?

First—The division of the State into health districts, presided over by trained sanitarians, or to be presided over by such men so soon as they may be had. There is, I am told, a scarcity of men with this equipment just now, but it is gratifying to learn from Dr. Welch that one of the great foundations in this country is seriously contemplating, if it has not already decided to do so, taking up the training of men for this work. These men being fully equipped for their work, appointed solely on merit by the State Board of Health, free from loss of position by any change in the political fortunes of the State, will work a boon for suffering humanity that is immeasurable.

Second—An act for the better preservation of the public health by preserving the purity of the waters of the State; providing for the supervision and control by the State Board of Health over water and ice supplies, sewerage, trades waste and refuse disposal, and for the maintenance, alteration, extension, construction and operation of systems and works relating thereto; providing for the raising of funds by counties, municipalities and sanitary districts; for the maintenance, alteration, extension and construction of the same, and prescribing penalties for violation of the orders and regulations of the State Board of Health made in connection therewith, and to appropriate a sum of money for carrying into effect the provisions thereof.

Third—Making more efficient the work of the Examining State Board of Physicians.

Fourth—The regulation of factory and workshop conditions, and requiring the owner of every factory, manufacturing and mechanical workshop, and of every store or other mercantile establishment employing five or more persons to register same with the Bureau of Statistics and Information, and providing for the granting of licenses and supervision of conditions under which the work is done by the Chief of the Bureau of Statistics and Information, and particularly to ascertain, after consulting the records of the local Health Department or Board, or other proper local authority charged with the duty of sanitary inspection, the presence of any infectious, contagious or communicable disease, or the existence

of any unsanitary conditions in or about factory, room or apartment.

Fifth—An act making more stringent the provision that the physicians shall, in writing, over his own signature, give notice to the Board of Health or Health Officer of the city, town, county or district, of the presence of infectious or contagious diseases.

Sixth—An act requiring the local boards of health of the counties of the State to meet semi-annually in the months of May and October, and as much oftener as they may deem necessary, and that they shall act in conjunction with the State Board of Health, and shall report to said board such facts in reference to the sanitary conditions of their respective counties as they may deem important and necessary.

Seventh—An act to provide for the medical examination of school children and the promotion of their health, and authorizing the Board of County School Commissioners of any county in the State to appoint one or more school physicians and assign one to any public school within the limits of such county, and to provide such school physician, when so appointed, with proper facilities for the performance of his duty, the physician being required to make a prompt examination of all children referred to him, and to file a written report of such examination; that the principal or teacher of any school to which a school physician has been assigned, shall refer to the physician every child returning to school without a permit from the health officer of the Board of Health after an absence on account of illness, and every child attending such school who appears to be in ill-health or is suspected to be sick with any infectious or contagious disease shall be immediately excluded from the school, under the provisions of the general statutes for sanitary regulations in force in such town or district.

Eighth—An act amending the statutes relating to State Registrar of Vital Statistics, and providing that each election district, city and incorporated town shall constitute a registration district, permitting the State Registrar, with the advice of the local Board of Health, to designate a competent person in each registration district who shall act as local registrar, and shall within his district receive death certificates, issue burial permits and receive birth certificates, and perform such other services as the local Board of Health may direct; and further, that it shall be the duty of every local

registrar on or before the 5th day of every month, to transmit to the State Registrar of Vital Statistics, in envelopes furnished for that purpose, the originals of all certificates of birth or death remaining in his possession on the last day of the month next preceding, and at the time of mailing his returns to the State Registrar he shall also mail to the County Registrar a copy of all certificates of births or deaths certifying that it is correct, under his own hand.

Men who have accomplished so much, can do more. And so it is tonight that I make an appeal for your help in waging a campaign that shall bring about ways and means to care for the negroes of the State who are victims of tuberculosis.

WHAT WE ARE DOING.

The State has its own tuberculosis sanatorium at Sabillasville, at which an average of 391 patients were cared for during the last year, and which costs the State \$140,000 per year. The State also has a small tuberculosis sanatorium at Salisbury, known as the Pine Bluff Sanatorium, which is running at a cost of \$10,000 per year, and which cares for approximately 25 patients. In addition, the State is contributing largely to the support of the Eudowood Sanatorium, which cares for some hundred patients and receives an appropriation of \$25,000 per year.

The Jewish Hospital for Consumptives of Maryland at Reisterstown provides for some 55 patients, and receives an appropriation of \$6500, and the Allegheny County Tuberculosis Sanatorium, which makes provision for approximately 25 to 35 patients, receives an annual appropriation of \$1000.

SITUATION AS AMONGST NEGROES.

All of the above institutions, however, take only white patients. A glance at the records of the State Board of Health shows that, while the population of the State is approximately five-sixths white, the number of deaths among the negroes dying of consumption is approximately one-third of the total number of deaths from that disease. The disease would, therefore, seem to be much more prevalent amongst the negroes than the whites.

WHY THE NEGRO URGENTLY NEEDS HELP.

Not only do humanitarian motives demand that we do something to stop this frightful death rate amongst the negroes, but in addition, we must see

from even a selfish standpoint that we can never hope to make great inroads on this disease amongst the white race so long as we allow the negro to be a center of infection.

This is especially true when we consider the fact that the negroes cook our food, put it on our table, wash our clothes and care for our children.

It would, therefore, seem that the weakest spot in our fight against tuberculosis is the negro, and it is to be hoped that something definite can be worked out for him in the near future. As a layman I cannot say that it is best to establish a central sanatorium. On the other hand, there are close students of this question who say that the more advanced method is that of local sanatoria.

A writer has said:

"The utility of hospitals is not to cure the sick. It is to teach mercy. The veneration for hospitals is not because they cure the sick; it is because they stand for mercy and responsibility. The appeal of physical suffering makes the strongest attack on our common humanity."

We must help the afflicted, or we, and our descendants, will become afflicted.

At the bottom of every fight for principle you will find the sentiment of mercy, and I plead for mercy for those unfortunates—not alone for themselves—great as is the debt due them—but also because, if it be not fully given, those of our own race must ultimately suffer.

So much have we heard in these days of the new freedom about the conservation of forests, streams and mines, the care and protection of our natural resources, to all of which I give most earnest approval. But far and above this is the conservation of the health of the people of a State and nation. I beg you to enlist under the banner of the Maryland Society for the Prevention and Relief of Tuberculosis, which association, under the leadership of Dr. Henry Barton Jacobs, is soon to wage State-wide warfare against the white plague, with the hope that in no small measure it shall be driven from the homes of countless sufferers.

These poor unfortunates need that you shall champion their cause, and no man knows better than I the high order of service that the members of the Medical and Chirurgical Society are capable of giving. I pray you that this plea fall not on deaf ears.

OUTLINE OF SPEECH OF DR. THOMAS FELL, DELIVERED AT THE BANQUET OF THE GENERAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND, FEBRUARY 20, 1915.

In the course of my travels during last summer I was in London, where I gave particular attention to the system of organization which controlled the University of London, and subsequently I went on to Oxford for a short visit.

I gained much valuable information in regard to the plan of affiliation of colleges adopted at these two centers, but in the abstract I learned that books are nothing, neither have they a title to interest nor a place apart from men; that a school exists not to preserve documents and hand down the dry husk of letters, but rather to inspire and stir great souls to lead the living present and to point to a grander future; that a seat of learning is, and must be, not less than an intellectual center—a social force.

There is today a special and pressing need to cry out for a movement which shall throw open the gates of life.

Education is the key of Southern as of Northern security; education does not mean political service or racial antagonism; illiteracy is inconsistent with democracy.

A generation ago educated people were a privileged, separated, patrician, Brahmin caste. They spoke the same dialect. They quoted from the same classics. Then one day the modern world was touched and transformed by the spirit of democracy.

A new test was applied for the worth of life, the test of service. A man must be not only good, but good for something.

We speak of a rich man as worth a certain sum, but the spirit of democracy first asks how much is he worth? Is he worth having? Does a rich man perform a public service? Are his riches, as Mr. Ruskin once said, his "wealth" because it is "well" with him, or should they be called his "illth" because it is "ill" with him. Or as Mr. Ruskin remarked in another place, suppose a man in a wrecked vessel tied a bag of gold pieces around his waist, with which later he was found at the bottom, should we say as he was sinking that he had his gold or that his gold had him?

Precisely the same test is to be applied to educa-

tion. How much is it worth? Is it creating a fit instrument for the service of the modern world?

It is not a question of higher or lower education. It is a question of a person, rich or poor, who is to be shaped, hardened, tempered for the service of the world, and the best education for each person is that which draws out the most of that person and applies him most effectively to the world's service.

Democracy, says Mr. Lowell, means not "I am as good as you are," but, "you are as good as I am."

The average alumnus of the Maryland University, I am able to say, takes equal rank in the practical affairs of life with the graduates of more pretentious institutions, and I think there is noticeable among them a well-disciplined thoroughness of workmanship in whatever they undertake to do, and a spirit of liberality of thought and feeling which reflects the highest honor on their Alma Mater.

However much the University may have failed to have as yet reached the standard raised by its more ambitious friends, it has at least succeeded in this one thing, of educating a large number of men in such a way that, when taken in the main, they may be said to have exerted and to be still exerting a wholesome and refining influence in their respective communities.

We look, therefore, to the alumni to add to the fair fame of this University to which you belong. She looks to you, the living Maryland, to build upon the foundation so nobly laid in the past.

A CONVERSATION ON THERAPY.

By JOHN C. HEMMETER, M.D., Phil. D., LL.D.

After the International Medical Congress in London in the August of 1913, the Association of German Physicians and Naturalists convened in Vienna and the International Congress of Physiologists at Groningen, Holland. At the many informal gatherings of the physicians and naturalists, I was impressed with an all-pervading truth that was accepted by everyone present as a finality, and this was that medicine was becoming too broad and extensive as a science and art to be controlled entirely by one individual and that thereby the genuine inward essence of therapy suffered. Some of the speakers were prominent professors in German, Austrian and Holland uni-

versities, a few of these professors were relatives and it made a very deep impression to be told that the peculiar impressiveness of some of the great clinical masters rested in their ability to understand the personality of the patient.

When I first came to Berlin, about 1886, the three great clinicians were Gerhardt, Senator and von Leyden. They are gone and statues of the three have been erected. During my visit of last summer, I found in their places Goldscheider, Hiss and Krauss. The only one of these three who will stand comparison with the old trilogy of Gerhardt, Senator and von Leyden is Krauss and it was my good fortune to have many delightful interviews with this master clinician. Krauss, like Strumpel, must be regarded as one of the greatest contemporaneous teachers of medicine in Germany. Both are teachers of the most peculiar magnetism and the rarest charm, possessing the gift of exposition to an admirable degree, and the secret of their success as clinicians is their capacity for finding their way into the psychic "EGO" of the patient.

In this connection I desire to bring to your notice an article by Prof. L. Krehl, of Heidelberg (*Über Therapie*) in which he says that "the continued extolling and praising of the extraordinary progress of the art of treatment is not only unnecessary but I consider it harmful like everything that is inwardly untrue. Fifty years ago the art of healing was valued as a natural science and the physician as a representative of progressive natural science tendencies."

The emphasis on the word healing might provoke contradiction, for there can hardly be two greater antagonists than science with its problems and aids for all eternity and the temporary demand to help a human being. I think it was Wunderlich who stated that the relations of our problems and duties as physicians was not to *treat disease*, but to *treat diseased human beings*. In reality, we are always treating a *diseased personality*. The treatment, if it aims to be given with completeness, can hardly ignore the importance of psychotherapy, for the objective structural and physical changes which a disease evokes are of necessity reflected in consciousness and it is beyond all doubt that after the physical conditions have gone back, the full train of psychical associations and memories may and do continue, even in individuals who are not psychically abnormal.

That which we call "*disease*" is an abstraction from observations and conceptions on natural processes, running their course in a living thing. It is assumed much more frequently than we have a right to assume that the various individuals are alike in their organization and that, therefore, they should react alike to the system of external and internal influences which we designate as the cause of the disease, irrespective of the fact that the combination of moments acting in the etiology are in the various cases never completely alike.

The demands of didactic discipline and of the clinic, and also the demands of our understanding and human indolence, force us to formulate certain schemes, but I am of the opinion that in our schemes we very often forget that which is essential in the process, and we should not be astonished that the disease processes are not alike in different human beings. It is rather amazing that under the similar etiology we meet with relatively similar phenomena so often.

There are, in reality, a relatively small number of proper and peculiar causes of disease, and yet so many complicated diagnostic questions, such unexpected and ever new combinations of signs and symptoms. This riddle partially solves itself by the large number of possibilities of neurogenic and electromotric deviations, the narrowed or the extremely expanded circle of reflexes which we call the individual variation of the psychic and physical personality.

Right here we meet with the most disheartening difficulties and problems of actual therapeutics. Even the most ordinary chemically pure medical substance acting upon the cells of one single organ does not influence them in different healthy individuals in the same manner (adrenalin). As a rule, we are familiar only with entirely coarse effects on the human being. Every foundation is lacking for the understanding of individual variations. We have become satisfied to express these mysteries of personality by the coinage of new words. Words give a fictitious satisfaction in place of understanding. All of the discussions of hypo- and hyper-tonicity of the vagus and sympathetic nervous system, though in some respects not felicitous, yet stimulate observation and give a new prospect for the study of personality.

In addition to our lack of understanding of the variations of individual reactions, we are perplexed by an immense complexity and possi-

bility of variation of even the simplest diseased condition. In view of all this, how can any one preserve his self-knowledge when he deceives himself that he personally cures disease successfully and rationally? I am of the opinion that the habitual overestimation of our therapeutic ability brings the immense danger that the physician is led away from the best which he has, viz., from his adherence to the investigation of nature, for this requires conservative critical judgment, unconditional surrender to truth, and bowing under the hard even yoke of the facts. It appears to me hardly possible that a man who daily intoxicates himself on fictitious successes can remain critical and inwardly veracious. It is so easy to transform an effect which we are exerting as a man upon a diseased man into a scientific success.

Let us have a few practical examples. I will not take them from my own specialty, where the organ, stomach and rectum intestine, can be directly seen with the X-rays enteroscopy-proctoscopy, etc. Take valvular disease of the heart or arteriosclerosis, for example. Undoubtedly we may help a great deal by careful preservation of the patient's strength, adjustment of his conditions of living, eventual increase of the systolic power of the heart by the so-called heart tonics, the selection of a rational diet, etc. But if this whole status and treatment shall turn out very well, there must be an abundant experience, sagacity, circumspection and love of mankind to co-operate, and even then we cannot conceal it from ourselves that we have hardly taken the first step to influence the myo and endocarditis, the sclerosis of the vessels, etc.

It is a similar condition of affairs that appertains to diabetes. Nobody who understands this condition only partially would undervalue the extraordinary significance of dietetic management, which helps the patient directly because it improves the power of achievement of his metabolism, but all of this is a disappearingly small part of the real cure of a condition that is almost completely hidden from our understanding in its real entity and causes.

When we accomplish very much, we are useful servants of nature, but in the present exaggerative tendencies, do we not often mistake ourselves for masters of nature, and as we can never be that, we should not fail to be impressed with the fact of how much better a good servant is than a bad master. One should fear physicians who

have lost their loyalty and respectful fear of nature.

It has frequently been emphasized that the duty of the physician to heal was always the same and forever will remain unchangeable, irrespective of the standing and achievements of science. At all periods of history of the human race, every one who felt himself inwardly as a physician has aimed to help his patients with all the powers at his command. This is so axiomatic that one should not speak of it, but if we follow a part of our modern literature, we would gain the impression that the real treatment of disease did not set in until the end of the nineteenth century and since then has developed in an unprecedented manner. This unusual claim for modern therapy might be disregarded, for we, as members of this epoch and contemporaneous with it, could ignore therapeutic extolling, but false ideas are contagious and they create the danger to ruin the convictions of entire generations, and with these convictions human beings are ruined also.

I have already stated that the quality of the observer of nature is slowly undermined by an exaggerated opinion of personal effectiveness in therapy. This is bad, but it is not the worst. The therapeutic clamor brings it about that our treatment itself, or that which is best in it, the sympathetic insight into the *ego* of the patient, suffers from it.

The physician must and shall help his patient as much as is in his power. This help can only be unified and complete just as the sufferer is a unity and every human sufferer represents something peculiar. Presumably this may be considered axiomatic, but then it may be so self-evident that we forget it daily and do not act accordingly. Instead of giving the sufferer a completeness in treatment directed to both the physical and psychological individual, we usually go about the matter in the following way: A man comes to us with some kind of complaint and we examine the diseased organs and the cause of their disturbance of function. We endeavor to influence these causes favorably according to contemporaneous rules and views. In the most favorable case we have a care to interest ourselves in the peculiar course and progress of the disease which is conditioned by the individual bodily peculiarity; that constitutes the much discussed "*individualism*" in treatment. A very painstaking clinician may then even take cognizance of the personal form of the

reaction to the measures that have been introduced in the treatment. All of this constitutes a very high ideal of clinical conception and a lofty standard of medical ability. But it does not constitute the rule and will become less and less the rule the more the physician aims to replace thoroughness by a tendency to acquisition in mass production, i. e., he aims to make up his receipts by a clientele the very size of which indicates that it is impossible for him to be thorough. How can he occupy himself with the personality of a patient when he hardly has time to go through the objective means of diagnosis? The patient loses the most valuable of what a physician has to give, viz., the intimate solicitude for the psychic man.

There has been much discussion recently that medical and religious activity have sprung from the same root and that now they are again uniting in a common road. One sees a great deal in lay journal literature of the physician having to replace the priest or parson. I have seen nothing of the sort, in reality affairs are quite different, for very frequently the physician does not know his patient as a personality and with the present tendency to order our activity, into the events of life as a *trade*, this defect will increase. A man buys a pair of shoes, just so he goes to a physician, who does not supply shoes, it is true, but he may supply a gall bladder with an operation or Carlsbad water. Now that may be a very effective and completely sufficient help, and according to this scheme our entire modern therapeutic measures are arranged.

Certainly we must progress energetically in our efforts to understand and influence single disease processes. The largest part of our daily biologic work is devoted to this problem, and it is entertaining to muse upon the hypothetical ideal medicine of future milleniums, which we shall have to conceive as extremely developed. I was almost going to say we would have to *conceive* it as *inconceivably* developed. This tautology is forced upon me by the realization that it is impossible to conceive of what medicine will be even a hundred years hence, much less of a thousand years hence. Try to picture to yourself whether it was in the range of human possibility for Galen (131-201 A. D.) to conceive of the medicine of our age. Would his reason have balked at the thought of anaesthesia, of vaccination, of anti-toxic sera for many diseases, of almost bloodless operations on all organs of the abdomen, pelvis, thorax and even

of the brain? It was not until 1628 that Harvey published his studies on the circulation of the blood. Our mind is itself a product of the experience of the time in which we live and of a short time that has preceded it. It is not an instrument capable of projecting our consciousness into the future—at least, only two domains of knowledge make such an attempt, religion and philosophy.

When we consider our progress great, we shall have to remember that it is only relatively great, i. e., when compared with the knowledge of the past. And the knowledge of our time will appear diminutive to the critic of the future. It is a fact that in spite of operative progress and the blessings of immune and antitoxic serum, there have been great physicians at all times, but they made use of an element which is today almost totally disregarded, and that is this: For the complete life of the individual, everything depends upon preserving the patient as a personality, and in this the physician must see the sum of his duties.

We often give stones instead of bread because we disregard the personality and limit ourselves to diagnosis and drug or operation. Every man stands alone and individually for himself in this world, and yet he is completely fitted into it by his personality. This makes a demand even when the physical disturbance of individual organs have been largely met.

The full and complete biologic development of our time is that which leads to diagnosis and logical therapy. This is the fundamental and indispensable requisite. It is that which constitutes the themes of our teaching, it is impossible to do sufficient of teaching in this respect. For the human being is not living that can at the present day control the superabundance of the biologic work that is done on the human body. But a certain idea of competence of these methods is a premise of therapeutic ability. We have to do more than this; it is true that the physician's activity is not entirely natural science, nor entirely art. There is a something in it which, to me, cannot be comprised in the terms art and science. Perhaps I could call it humaneness, by which I desire to express a simple, sincere and intimate knowledge with the inner man. Humaneness I mean in the sense that Cardinal Bembo and J. H. Symonidas applied it to Raphael in saying that what *distinguishes the whole work of Raphael is its humanity in the double sense of the human and the humane*. Science and art has led us to

the exclusive treatment of the organs most prominently sick, but the humaneness, if present, will direct the physician to the disturbed psychic equilibrium. A sick human being is sick as a totality, not in its parts only. The totality has to recover, and to this belongs his psychic personality.

"That only a good man could be a good physician" I doubt very much, for there are hardly any good men, but he must be a lover of nature, of more than ordinary knowledge and ability, a humane man, humane to the sufferer and filled with a consciousness of a high destination. Between the two, the physician and the sufferer must be the inner bridge without which the understanding of man to man cannot cross. I deem it impossible to be a true physician to people of a completely alien conception of life. One might treat them for a valvular defect with digitalis and so on, or one might operate them for an appendicitis, but a complete physician one cannot be to them because this psychic bridge is missing.

So the physician stands as a human being among the people. That again is axiomatic. But reflect upon it. How rare it is in questions of humane conception. He nowadays occupies a very peculiar position. The love of the sensational, the passion for notoriety, the *éclat* attending public recognition for fictitious achievements, which not *he* has done, but which nature has done for him—all this is bringing it about that he does not understand many human beings and many human beings do not understand him. Then picture to yourself, as a proof of this, the frequent demand made upon the physician by the people to be told nothing but the truth and the whole truth and at the same time intimating that they do not want to be told that there is anything seriously wrong and that everything will be in good order presently. I really do not know where it is going to lead to, when a large part of the physician's problems during long and abnormal conditions consists in the most ordinary and ponderous lying (Krehl). Of real comfort there is rarely a word said, and this I interpret as being one of the consequences of the evil that all of our present diagnosis and therapy is adjusted exclusively to the management of one organ and we give out when this therapy gives out, which is very often the case.

So, in brief, there must be more genuine humaneness in the practice of medicine. The patient

and the physician need a conception of life on the basis of humaneness in which they mutually find and understand each other.

I have not hesitated to bring these subjective views of Krehl and others that have certainly not originated in the laboratory before you. In conclusion this profound clinical thinker states: "I have suppressed a certain amount of embarrassment at the thought that my ideas might be misunderstood and declared fantastic, but I brought them before you, nevertheless, because I am convinced that the physician's work cannot be comprised completely under the terms *art* and *science*, but that a third '*something*' must enter to make the therapeutic trilogy complete and that this something, whilst it cannot be taught in the schools, yet it should permeate all physicianly action as the ocean is permeated with the taste of salt.

BOOK REVIEW

INTERNATIONAL CLINICS. Edited by Henry W. Cattell, M.D. Volume II, Series 24. 1914. Philadelphia and London: J. B. Lippincott Company.

This particular number opens with an article on Health Before Birth, by J. W. Ballantyne, M.D., and closes with one on The Teaching of Sex Hygiene, by Maria M. Vinton, M.D., New York city. Interspersed between these are a number of good practical articles on the various specialties, to wit: Present Status of the Roentgen Rays, Intestinal Short-Circuit, with Report of Cases; The Surgical Treatment of Gallstones, Conservative Versus Radical Treatment of Tuberculous Joint Disease, etc., etc. Of especial interest to our readers is A Word in Behalf of the Open Operation for the Proper Fixation and Repair of Fractures, with Report of Cases, by Frank Martin, M.D., professor of operative surgery and clinical surgery in this institution.

Dr. Henry Deibel, class of 1912, of 1217 Hanover street, Baltimore, was rendered unconscious in an automobile accident recently. His car was jolted from its course by running over a dog and crashed into a tree, throwing the doctor to the roadway. He is suffering severely from the shock and bruises.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, MARCH, 1915.

THE RECENT MEDICAL EDUCATIONAL CONFERENCES HELD IN CHICAGO.

In February of each year several bodies interested in medical education meet in Chicago. Those that concern us specially are the Council on Medical Education of the American Medical Association, of which Dr. Arthur Dean Bevan is chairman and Dr. N. P. Colwell, secretary, and the Association of American Medical Colleges. The Council on Medical Education has no actual jurisdiction over the medical institutions of this country, but it exerts a powerful moral influence on them through its inspections and classifications that are published at frequent intervals in the *Journal of the American Medical Association*.

This Council has done an admirable work during the past 10 years. In 1904 there were 166 medical colleges in the United States; at the present time there are less than 100, and the number is decreasing annually. It is probable that 75 or 80 schools will survive the pressure eventually.

The number of medical students and graduates has also fallen off enormously.

For some time past medical schools have been classed as A and A+, B and C.

An A school was acceptable, but an A+ one was still more acceptable. B schools were lacking in many particulars, and needed extensive reorganization, while C schools were regarded as hopeless.

At the last meeting of the Council the rating of A+ was abolished, and schools were rated as A, requiring two or more years of premedical collegiate work, and A, requiring one year of collegiate work in chemistry, biology, physics and French or German. Eighty-four schools now require, at least, the minimum of premedical work mentioned, consequently B and C schools are becoming very scarce. In practice, it has been found very difficult to administer the one year of prescribed college work in an efficient manner, and it is almost certain that two years of premedical collegiate work will be required in 1918. As the result of the present entrance requirements, there has been a most remarkable reduction in the number of freshmen entering those schools that have enforced these requirements for the first time: thus, the University of Louisville had 108 freshmen in 1913-14 and 5 in 1914-15. The Medical College of Virginia had 117 in 1913-14 and has less than 30 this session. We had 98 last year, and 32 are enrolled this year. While the requirements certainly will not be lessened, it is possible they may be made more elastic, especially in the matter of foreign languages. Spanish, Italian or some other foreign language may be allowed instead of French or German.

The Association of American Medical Colleges is composed of over 50 members, comprising most of the best schools of the country. No college not in class A is eligible for membership, and if a member drops to class B it is suspended until it has been reinspected and rerated. If it cannot meet the requirements after a reasonable time for reorganization, it is dropped from membership. This association holds its membership rigidly to its requirements, and two very prominent institutions were called to account at this meeting.

THE FACULTY OF PHYSIC FUND.

According to Mr. Charles Markell, treasurer of the endowment funds of the University of Maryland, the Faculty of Physic Fund, which has been set aside for the endowment of the department of pathology, amounted to \$21,852.92 on January 11, 1915. Since that time \$26 has been received, making the fund \$21,878.92 at this time. We need \$100,000. The times are hard, but we are still striving to raise this fund, which is a necessity.

ITEMS

Dr. Arthur P. Herring, secretary of the State Lunacy Commission, has returned from South Carolina, where he went at the request of the State authorities to investigate the conditions at the Columbia State Hospital. As the result of his special investigation a number of improvements in the institution have been recommended by Governor Manning.

Dr. Francis M. Chisolm, class of 1889, formerly of The Rochambeau, Washington, D. C., has moved to Annapolis, Md. His present address is Route No. 2, Annapolis, Md.

Dr. Robert P. Bay, class of 1905, announces the removal of his offices to The Walbert, 1800 N. Charles street, Baltimore, Md. His practice is limited to general surgery. Consultation by appointment.

Dr. Charles W. Roberts, class of 1906, is superintendent of the Douglas Surgical Institute and Infirmary, Douglas, Ga. In a recent letter from him he writes: "I hope to get up to see my friends in Baltimore soon."

Dr. A. M. G. Dukes, class of 1914, is connected with the Cambridge Hospital, Cambridge, Md.

Dr. Joseph C. Enos, class of 1904, of Charleroi, Pa., was in Baltimore last week. While in the city he stopped at the Belvedere.

Dr. Frederick L. Detrick, class of 1913, is located at the Metropolitan Hospital, Blackwell's Island, New York.

Dr. William Culbert Lyon, class of 1907, Assistant Surgeon, Medical Reserve Corps, U. S. N., formerly of 1518 Mt. Royal avenue, this city, is still on duty at Galveston, Tex. He is assistant surgeon of the recruiting district of the United States Navy in Southeastern Texas, established about two years ago. This district was made necessary on account of the size of Texas and by reason of the great number of desirable recruits that are obtained in the State. Galveston was selected as the headquarters by reason of its being the chief seaport city. Dr. Lyon is in charge of the medical department of the Galveston office.

Prior to his detail at Galveston he was on duty at the Richmond (Va.) station.

Dr. J. C. Perry, Surgeon, U. S. P. H. S., class of 1885, writes us as follows:

"Chicago, January 9, 1915.

"The Hospital Bulletin Co.,

"Baltimore Md.:

"Dear Sirs—I am inclosing money order for \$1 in payment of bill for THE BULLETIN.

I left Panama in April last and went to Europe. Am now temporarily in Chicago, studying the City Department of Health.

Until further advice, send THE BULLETIN to 610 City Hall Building, Chicago, Ill.

"Truly yours,

"J. C. PERRY."

Miss Lucy B. Squires, who has been located at 32 South Washington avenue, Columbus, Ohio, has moved to 21 Perry street West, Savannah, Ga.

Dr. J. Holmes Smith, Jr., U. S. P. H. S., has been temporarily transferred from New York to New Orleans, La. His present address is 163 Dryades street, New Orleans, care of U. S. Public Health Service.

Dr. James A. Nydegger left recently to visit Mr. and Mrs. George L. Carnegie at their winter home, Plum Orchard, Cumberland Island, Fla. He will later join Dr. L. M. Tiffany at the Canarural Club, near Titusville, whose guest he will be for several weeks' shooting.

Dr. Henry Chandlee, class of 1882, announces the removal of his offices to 2030 North Charles street, where the newest equipment has been installed for Radiography and X-Ray Therapy. Dr. Chandlee is associated with Dr. R. Tunstall Taylor, professor of orthopedic surgery at the University, in orthopedic work as well as doing general radiography. Office hours 12.30 to 1.30 daily, except Sunday. Other hours by appointment. Telephone, Homewood 2459. Dr. Chandlee resides at 742 West North avenue.

Dr. John S. Fulton, State Health Officer, has returned from a trip to Jacksonville, where he attended the annual meeting of the American Public Health Association. Dr. Nathan R. Gorter, head

of the City Health Department, also attended the meeting.

Dr. Fulton made the trip both ways by sea, arriving on the steamer Somerset. He was fortunate in escaping a bad storm which swept over the North Atlantic coast at that time, but did not extend below Hatteras. Dr. Fulton said that the first intimation the people on the Somerset had that there had been a severe storm was the sight of the large number of vessels that had taken refuge at Norfolk and inside the Capes and were going out as the Somerset was coming in.

On Wednesday, January 27, 1915, a most enjoyable and successful subscription dance for the benefit of the University Hospital was given at Moose Hall, 410-12 W. Fayette street, by the January committee of the Board of Lady Managers. The committee in charge of the dance was as follows: Mrs. Howard M. Towles, chairman; Mrs. Louis Fehsenfeld, Mrs. Garth Clopton, Mrs. B. F. Hearn, Mrs. A. M. Shipley, Mrs. Gordon Wilson, Mrs. J. C. Hemmeter, Mrs. T. J. Hance, Mrs. Winfield Yerbey, Mrs. William Wilkens, Miss M. Cottingham, Miss E. Winslow, Miss M. Adams, Miss I. Buckingham.

REPORT OF MRS. HOWARD M. TOWLES, CHAIRMAN.

Referring to the names of our committee for this, our month, we realize from our large committee you have a right to expect great things of us, and we hope our month's work will not be a disappointment to the ladies of the Auxiliary Board.

Although our committee consists of 14 members, very little visiting of the wards was done, with the one exception of our good and faithful member, Miss Cottingham. Miss Cottingham regularly visited the children, taking them candy, books and toys. A great many of us had engagements on our special meeting days; then, too, we had many stormy days during January, which accounts somewhat for our neglect this year.

Now, we will come to what we really did do. Our former custom has been to give a card or theater party to raise funds for our committee. This year it was decided to give a dance instead of the other diversions, as dancing has somewhat superseded and become more popular than the other forms of entertaining. Our committee put forth its best efforts to make it a success.

Through the splendid work of another good

and faithful member we were able to secure the Moose Hall, located on Fayette street near Paca, for the occasion, at a greatly reduced rental; in fact, for practically the expense of lighting and heating. This was made possible by the interest taken in our committee work by Dr. W. G. Clopton, who is physician to the Order of Moose. Dr. Clopton went before the Benefit Board of the Order and outlined our plans and spoke of the worthy object of the cause. From the doctor's friendly interest we were accorded not only the hall at a greatly reduced price, but the courteous attention and help of the officers and members of the Order. These gentlemen never failed to help us whenever possible. Mr. Griffin, the manager, allowed the decorations which had been used on New-Year's Eve to remain, which added much to the beauty of the occasion.

Messrs. Halliday Bros. donated palms for the stage, and Dr. Clark, a resident of the University Hospital, loaned us banners and pennants, which gave the hall a decided U. of M. look.

We had tickets printed, which sold at the popular price of 50 cents, and our friends, including many of the staff physicians and all the residents, helped make the dance the success it proved to be.

Miss Cottingham, a committee of one, had in charge the sale of caramels made and donated by the members and friends of the committee. Same were sold by two little girls dressed in white, with University colors. The caramels were tastefully wrapped and sold for 5 cents per package, and the sum realized was \$7.10. We also realized \$8.20 clear of expense on the sale of orange ice, which we sold at 10 cents per plate.

In one of the conversations the chairman had with Mr. J. A. Cassidy, president of the Day Printing Co. (and who also is dictator of the Order of Moose), he outlined to your chairman an *advertisement idea* of a "souvenir program," in which his company would allow the committee 50 per cent. gross of all the advertisements he was able to secure. As no risk or expense was assumed by the committee, the chairman accepted his proposal. The idea was very successful, and the committee will realize about \$275 from same. At this time the chairman is unable to state the exact amount, as the collections are now being made by the Day Printing Co., and it will be a few days before a complete statement can be made by them.

The early part of January, Mrs. Randolph Winslow spoke to me of a most deserving case of a colored woman who had an abdominal operation performed; the doctors ordered a support to be made; the woman, being poor, was unable to pay for same. Our committee decided to buy the support, which was done.

We have a fund in bank of \$128 from last year (1914), arising from a card party held at the Stafford Hotel. This fund our committee decided to allow to remain in bank for future use.

In addition to the above, we herewith submit all collections and disbursements for the month:

COLLECTIONS.

Sale of tickets.....	\$195 88
Sale of caramels.....	7 10
Sale of water ices.....	22 25
Mrs. Nathan Winslow, treasurer.....	10 00
Mrs. Louis H. Fehsenfeld (donation)..<	5 00
Proceeds from Day Printing Co. (assumed).....	275 00
M. S. Levy & Sons (donation).....	10 00
Dr. A. M. Shipley (donation).....	8 00
	<hr/>
	\$533 23

EXPENDITURES.

Music.....	\$15 00
Mails, etc.....	2 00
Stamps.....	2 00
Brace for colored woman.....	3 50
F. C. Stolpp, water ices.....	12 80
Moose Hall.....	10 00
Permits, Baltimore city.....	6 00
Printing tickets.....	1 75
Programs.....	9 00
	<hr/>
	62 05
Net balance for month of January, 1915.	\$471 18
Balance in Bank, 1914.....	128 00
	<hr/>
Total amount our committee now has...	\$599 18

We regret we cannot at this time say what will be done with this money. The chairman had a talk with the chairman of the "house committee" of the University Hospital in reference to the use of the money our committee has. We are desirous of making a permanent improvement in one of the wards, but at this time nothing definite has been decided on.

The chairman would not consider this report complete unless she heartily thanked her commit-

tee for their splendid help and co-operation in this month's work, and the chairman thanks our newest member, Mrs. Benjamin F. Hearn, for her untiring efforts in disposing of half a hundred tickets for the dance.

Respectfully submitted,

(Signed) MRS. HOWARD M. TOWLES.

Since closing the report the House Committee of the University Hospital received a letter from Dr. and Mrs. Joseph Smith, expressing their satisfaction relative to certain contemplated improvements to be made in the children's ward, known as the "Jennie Smith Memorial Ward." Our January committee has undertaken to make certain of the changes, as far as our committee friend will permit. We will have estimates submitted and start the contemplated improvements at once.

Respectfully,

(Signed) MRS. HOWARD M. TOWLES.

N. B.—Total amount for month, \$602.18.

The University of Maryland was founded in 1807, and about fifteen years later, or in 1821, the hospital was added to its other departments, in order to give the students a more thorough knowledge in the practice of medicine.

The hospital has no endowment whatever, and is supported by the appropriation from the State, the fees received from private patients and the assistance given by the Lady Board of Managers. It is safe to say there is as much real charity done in this hospital as any other institution in the State. There were over 30,000 cases treated in the dispensary during the past year, for which no special appropriation whatever is made. There are a great number of free beds, all of which are nearly always filled. It seems to be one of the rules that there is "always room for one more," and in order to accomplish this, cots are used to such an extent that at times it is almost impossible to find room to walk in some of the wards.

All money is expended in a most economical manner, as the financial reports will show. The medical superintendent is the only medical man who receives a salary. All the residents give their services absolutely free, as do all the visiting physicians and surgeons, as far as the hospital funds are concerned. The cost of the nurses' training school is very little, considering its size, and the only expense in the way of wages and salaries, of any importance, is that paid to the office force, the laundry employes, engineers, orderlies, ser-

vants, etc., all of whom receive minimum salaries and wages. The cost of food and hospital supplies, however, is large, due to the fact that so many people are cared for, but with all this, the average daily per capita cost is less than that of any other general hospital in the city. The last report shows it is \$1.33 per day; compare this with other institutions, some of which run as high as almost three times that amount, and it will readily be seen that the money we have at our command is most economically expended.

During the past summer a great many improvements were made, such as "an entire new heating system, refurnishing several wards, painting, also new floors, etc.," feeling that conditions would continue as they had been for a number of months previous, but just about this time the effects of the recent business depression were felt and money came in much slower, although the hospital continued to remain taxed to its full capacity. This has caused a deficiency, and as it is our desire to do all we can to keep the hospital in as good physical and financial condition as it has been for the past few years, we would especially appreciate assistance at this time.

Dr. Lee E. Bransford, B.M.C., class of 1910, is located at 241 W. 8th street, Jacksonville, Fla.

Dr. J. M. Buch, class of 1913, writes us as follows:

"Santiago, Cuba, January 22, 1915.

"*Dr. Nathan Winslow,*

"*Baltimore, Md.:*

"Dear Doctor—Enclosed please find money order for one dollar to continue my subscription to THE HOSPITAL BULLETIN. It is always interesting to me to know what is happening in the 'old school.' Moreover, THE BULLETIN always brings good articles.

"Would appreciate it very much if you would let me know if there is another publication in the University, as I suppose 'Old Maryland' is not published any longer.

"Hoping you are well and with best regards to your father and brother,

"I am, very truly yours,

"J. M. BUCH."

Dr. Roland S. Clinton, class of 1914, has returned from a vacation spent at his home in North Carolina.

Dr. James C. Perry, Surgeon, U. S. P. H. S., class of 1885, who has been on duty at Ancon, Panama, Canal Zone, has been transferred to Washington, D. C.

The following have received appointments as clinical assistants at the University Hospital for the ensuing year:

Resident Surgeons—E. Newcomer, M.D., reappointed; W. H. Toulson, M.D., reappointed; T. M. Davis, M.D., reappointed; R. B. Hill, L. A. Buie, V. Demareo.

Resident Physicians—(Vacancy); M. J. Egan, B. L. Wilson, E. H. Tonolla.

Resident Obstetricians—(Vacancy); P. L. Rush, J. A. Bennett.

Resident Pathologists—W. V. Ziegler, G. H. Dorsey.

Resident Gynecologists—A. S. Coleman, M.D., W. H. Jenkins.

The following gentlemen have been nominated to the Methodist Hospital Association for the selection of interns in the Maryland General Hospital: C. C. Ayers, M.D., W. B. Blanchard, M.D., J. E. Dull, M.D., H. A. Merkle, F. E. Shipley, R. Binion, W. A. Bridges, K. McCullough, S. D. Shannon, C. H. Moses and C. E. Sina. Eight appointments will be made.

In the annual amphitheater examination for internships at Bayview the following gentlemen were appointed from the senior class: Messrs. D. P. Etzler, G. P. Ross, J. J. Waff, B.S., E. W. Lane, B.S., J. A. B. Lowry, H. Goldman, M. B. Sharkey.

At the eighth annual meeting of the Southern Medical Association, held in Richmond, Va., recently, Dr. Rupert Blue, Surgeon-General, U. S. Public Health Service, class of 1892, delivered an interesting address, entitled, "Anti-Plague Measures—With Special Reference to the New Orleans Campaign."

Dr. Blue was born in South Carolina in 1868. He was graduated from the University of Maryland in 1892, and became an intern in the Marine Hospital Service during the same year. The following year he was commissioned Assistant Surgeon, and promoted to the grade of Past Assistant Surgeon in 1897 and Surgeon in 1909. He was commissioned Surgeon-General of the Public

Health and Marine Hospital Service by President William Howard Taft, January 13, 1912, which appointment was won by noteworthy and meritorious service, especially evidenced in the suppression and eradication of bubonic plague in San Francisco in 1907, which work brought him instantly into such prominence that his fitness for the position of Surgeon-General could not but be recognized. A few years ago Dr. Blue spent some time in Europe studying preventive medicine as practiced there, and in 1910 graduated from the London School of Tropical Medicine. In May of the same year he was detailed to represent the Public Health and Marine Hospital Service at the International Congress on Medicine and Hygiene at Buenos Aires, and while there took advantage of the opportunity to study possible routes by which plague and yellow fever might be brought into the United States from South America. His last detail before his appointment as Surgeon-General was at Honolulu to act in an advisory capacity to the Hawaiian Board of Health and other departments of the Territorial Government to inaugurate a program to reduce to a minimum the introduction and spread of yellow fever or plague in the Territory after the opening of the Panama Canal. In 1909 the honorary degree of doctor of science was conferred upon him by his alma mater.

Dr. Nathan Winslow, class of 1901, of 3304 Walbrook avenue, announces that he will limit his practice to general surgery.

Dr. Robert L. Blake, B. M. C., class of 1905, of 857 Columbia avenue, recently delivered a lecture at the Young Men's Christian Association on the prevention of tuberculosis.

Dr. Thomas H. Legg, class of 1907, of Union Bridge, Md., was a recent visitor to the Hospital.

Dr. Oakley S. Gribble, class of 1904, of Mill Creek, W. Va., is taking a post-graduate course at the University.

Dr. N. E. Berry Iglehart, class of 1889, entertained the Medical Dinner Club, Saturday, January 16, at his residence, 1008 Cathedral street. The table was arranged in a color scheme of yellow. There are eighteen members in the club.

They usually meet about four times during the winter.

Dr. Benjamin R. Benson, Jr., class of 1907, of Cockeysville, Md., was also a recent visitor to the University.

The annual dinner of the General Alumni Association of the University of Maryland was held at the Hotel Remert, Baltimore, Saturday evening, February 20, 1915, at 6.30 P. M. The election of officers, members of the executive committee and members of the alumni advisory council took place just before the dinner, for which a very attractive menu had been arranged. Several interesting speeches were given by members of the association from this and other States. Judge Walter I. Dawkins was the toastmaster, and, besides introducing the speakers, kept everyone in a happy mood with his witty remarks.

Dr. Thomas Fell, president of St. John's College, was one of the chief speakers. He praised the Maryland University graduates and referred with emphasis to the fact that the average alumnus of the old University takes equal rank in the affairs of life with the graduates of more pretentious institutions, and urged the alumni to be the living Maryland and to build upon the foundation which has been so nobly laid in the past.

Dr. Randolph Winslow, in the course of a speech, called attention to the fact that the Council on Education of the American Medical Association had already stated its desire to have only two medical schools in Baltimore, and intimated that if this were to come to fruition the two schools would logically be Johns Hopkins Medical School and the University of Maryland School of Medicine.

Among the other speakers were W. H. Lovell, president of the Pennsylvania Association; Rebt. C. White; William M. Maloy, provost of the Maryland State University; Addison E. Mulliken, William H. Maltbie, A. C. Coble, A. F. Laufman, Oregon Milton Dennis and Dr. J. C. C. Beale, secretary-treasurer of the Pennsylvania branch of the association.

The plans for organizing the State University formed the keynote of the addresses, and emphasis was laid upon the responsibility of the members of the faculties and alumni associations of the constituent institutions in urging the Legis-

lature to appropriate sufficient funds for maintenance.

Officers were elected for the ensuing year as follows:

President—Eugene W. Hodson, Phar.D.

Vice-President—E. J. W. Revell, LL.B.

Treasurer—William K. Stichel, Phar.D.

Recording Secretary—Dr. Albert H. Carroll.

Corresponding Secretary—Edw. P. Crummer, LL.B.

Advisory Council: Medical—Dr. Charles E. Sadtler, Dr. Charles Getz and Dr. Harry Adler. Legal—James W. Bowers, Frank V. Rhodes and John Henry Skeen. Dental—Dr. H. H. Gorgas, Dr. Charles C. Harris and Dr. L. Wilson Davis. Pharmaceutical—John B. Thomas, John A. Hancock and E. F. Kelly. Academic—Judge Walter I. Dawkins, Dr. James A. Nydegger and Dr. J. W. Iglehart.

Dr. David E. Hoag, class of 1896, of 77 W. 50th street, New York, has been elected adjunct professor of nervous and mental diseases at the New York Polyclinic Medical School and Hospital. Dr. Hoag was the valedictorian of his class. For the past five years he has been on the teaching staff of the New York University and Bellevue Hospital Medical College, and for six years surgeon to the American Automobile Association.

The February meeting of the University of Maryland Medical Society was held in the hospital amphitheater Wednesday, February 17, 1915. Dr. Ernest Zueblin, professor of medicine, read an interesting paper on "Radio-Therapy in Chronic Arthritis," and Dr. William H. Smith, class of 1900, on "Acidosis in Heart and Kidney Conditions."

Since our last issue, two of our Baltimore alumni have moved. They are Drs. Albert H. Carroll and Robert P. Bay. Both have taken apartments in the Walbert.

BIRTHS

To Mr. and Mrs. Thomas Reese Cornelius of Govans, Md., February 7, 1915, a son. Mrs. Cornelius was before her marriage Miss Maude F. Smith, University Hospital Training School for Nurses, class of 1908.

To Mr. and Mrs. Douglas C. Blackwell of Reedville, Va., December 19, 1914, a son. Mrs. Blackwell was before her marriage Miss Lucy C. Barber, University Hospital Training School for Nurses, class of 1910.

Recently, to Mr. and Mrs. Stanley Blood of Brookline, Mass., a son. Mrs. Blood was before her marriage Miss Lela Munder, University Hospital Training School for Nurses, class of 1904.

To Dr. Harry D. McCarthy, class of 1905, and Mrs. McCarty, of 37 W. Preston street, February 18, 1915, a son—Horatio Ball.

MARRIAGES

Dora I. Brosene, R. N., University Hospital Training School for Nurses, class of 1905, formerly of Baltimore, Md., to Mr. Oliver of Washington, D. C., at Washington, recently.

Dr. Henry E. Jenkins, class of 1905, Assistant Surgeon, U. S. N., of Norfolk, Va., to Miss Gatewood of Washington, D. C., daughter of Captain and Mrs. James D. Gatewood, U. S. N., at Washington, in October, 1914. Dr. Jenkins is stationed in Washington.

DEATHS

Dr. Henry C. Shipley, class of 1865, formerly of Eldersburg, Carroll county, Md., but for the last 13 years a resident of Washington, D. C., died at the home of his daughter, 1935 Summit Place N. E., Washington, after a lingering illness, February 11, 1915. Dr. Shipley is survived by three children, Mrs. R. W. Pearson, Mrs. Allen Smith of Washington and Marriott Shipley of Sykesville, Md.

Dr. Kurt Seyforth, class of 1885, formerly professor of languages in the Baltimore City College, died at his home in Baltimore January 9, 1915, from diseases of the liver, aged 62 years.

Dr. Thomas F. Keen, class of 1881, formerly a member of the Medical Society of Virginia, president of the Hamilton (Va.) Bank, one of the most widely known practitioners of Northern Virginia, died at his home in Hamilton, January 24, 1915, aged 57 years.

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No. 2

ROENTGENOLOGICAL ASPECT OF INTESTINAL STASIS.*

By HOWARD E. ASHBURY, M.D.,
Baltimore, Md.,

Roentgenologist to the Hebrew Hospital and St. Joseph's Hospital; Assistant in Orthopedic Surgery to Johns Hopkins University and Dispensary.

INTRODUCTORY REMARKS.

As one of the means of diagnosing stasis in the alimentary tract the Roentgen Ray has been given the foremost place; other methods are valuable, and where simply the time for passage of the meal through the canal is desired, the administration of any bland inert material may be used, the significance being the time of appearance in the stool. This, of course, does not throw any light upon the usual surgical causes of stasis. This leads us to divide stasis into those cases which are due to simple delay without obstruction and those due to mechanical obstruction in some part of the alimentary tube. The first group suffer more from true auto-intoxication, while the second group seem to have symptoms which are due to mechanical obstruction.

WHAT IS STASIS?

Lane's definition: Such an abnormal delay in the passage of the intestinal contents through a portion or portions of the gastro-intestinal tract as results in the absorption into the circulation of a greater quantity of toxic or poisonous materials than can be treated effectually by the organs, whose function it is to correct them into products as innoxious as possible to the tissues of the body.

CAUSES OF STASIS.

Stasis may be caused by existing visceroptosis, intestinal kinks, adhesions and dilatation or enlargement of various portions of the alimentary tube; the result of congenital malformations, which produce a delay in intestinal prochoresis and localized infection of the mucous membrane, producing perityphlitis.

ROENTGENOLOGICAL FINDINGS IN STASIS.

Stasis, when due to mechanical obstruction, shows increase of the normal time for the passage of the opaque meal through the intestinal tract; retention at point of obstruction and at the various sphincters from below upward; dilatation on the oral side of the obstruction; displacement of portions of the neighboring hollow viscus when the cause of the obstruction is adhesive bands. The conditions producing stasis not associated with mechanical obstruction are incompetent ileo-caecal valve allowing a return influx of the caecal contents into the ileum; spasm of the ileo-caecal valve preventing contents of the ileum from passing into the caecum, and a sagging of the transverse colon causing sharp angulation of the splenic flexure; dilatation of the colon either congenital or acquired; redundancy of the pelvic colon with lengthening and atony.

OPINION IN FAVOR OF AND OPPOSED TO THE STASIS THEORY AS A CAUSE OF AUTO-INTOXICATION.

Lane stands foremost among those who attribute auto-intoxication to stasis, and who makes most of his diagnoses by the Roentgen method, and who practices the most radical surgical procedures to improve drainage. He has many followers. Jordon thinks that a sagging transverse colon by causing a sharp angulation of the splenic flexure causes stasis.

It is frequent that in these cases which have

*Read before Baltimore Medical Society, November, 1914.



FIG. 1—10 hours: Gastric retention and intestinal delay due to ileal kink.



FIG. 3—12 hours: Dilated terminal ileum due to mechanical obstruction at the terminal ileum.

toxic symptoms the progress of the meal is usually normal up to the splenic flexure (Figure 5), and here it remains until moved on by some artificial means. The most likely explanation is Jordon's idea as I have frequently noted in my own work.

Einhorn gives credit to Glenard for the angulation theory of stasis and claims that Bonchard and Combe advanced the theory of stasis as a cause for auto-intoxication. Einhorn thinks that

unless there is a real mechanical obstruction or a substantial organic lesion interfering with the intestinal current, that a temporary delay or stasis does not mean much and is often seen in insufficient nutrition. The unobstructive cause of stasis is constipation, which not always causes auto-intoxication, for occasionally a patient may not have any bowel movement for several days and present no abnormal symptoms.

Bassler disagrees with Lane's theory and thinks



FIG. 2—6 hours: Ileo-caecal spasm.



FIG. 4—18 hours: Kinked appendix, adherent, causing partial gastric delay.



FIG. 5—50 hours: Delay at the splenic flexure, ileal stasis, angulation at the hepatic flexure.

"that if one would examine bacteriologically a number of stools of these persons and compare them with normal individuals significance would be noted. The primary cause of the conditions is mostly a bacterial matter, and it is the food bacterial products that eventually bring about stasis, which surgeons are endeavoring to remove by drainage, but which cannot be done successfully because the infections commonly continue after operation." He thinks "that the Roentgen Ray



FIG. 6—24 hours: Perityphlitis, scybalous masses in the transverse colon, colonic stasis.

method of diagnosing Intestinal Stasis, while valuable and the best we have, is liable to fallacious conclusions." The misfortune was when medical men utilized the Roentgen Ray in connection with diagnosis in the abdomen they did not engage as their first work the normal individual. He is surprised to find the number of normal individuals who present all the Roentgen Ray signs that have been held so important for this diagnosis and reiterates that we must be slow and conservative in drawing definite conclusions from Roentgen plates alone.

PERSONAL OBSERVATIONS IN 260 X-RAY EXAMINATIONS.

Eighty-eight instances of intestinal stasis were noted, of which 73 were ileal stasis and 16 colonic

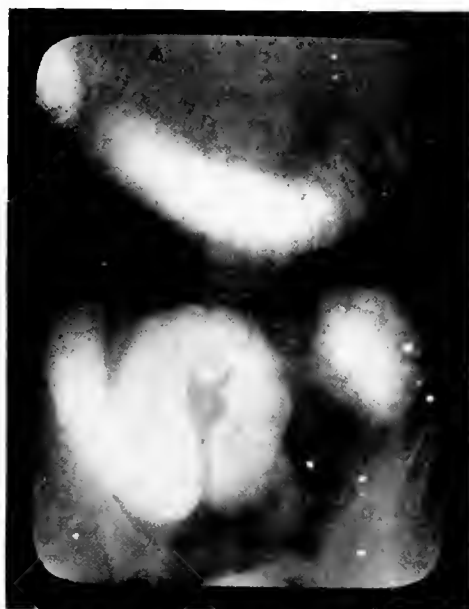


FIG. 7—Colon enema: Redundant sigmoid, dilated colon due to congenitally long mesentery.

stasis. Sixty-six and six-tenth per cent. were explained by the existence of the following conditions: Gastropptosis and enteroptosis, 6.7%; post-operative adhesions, 6.8%; incompetent ileocaecal valve, 2.8%; chronic appendicitis, 2.5%; malignant disease of the stomach and intestines, 2.5%; gastric and duodenal ulcer, 1.8%; giant colon, 1.7%. Twenty-seven of these patients who presented stasis were unexplained and were found associated with pulmonary tuberculosis, typhoid fever, nephritis, arterio-sclerosis and neurasthenia. These unexplained cases presented more symptoms that might be attributed to auto-intoxication than the purely mechanical ones.

METHOD OF X-RAY DIAGNOSIS.

It is conceded by Roentgenologists that both fluoroscopy and radiography are essential; that a complete gastro-intestinal examination is necessary, and that for examination of the large bowel one should follow the meal from above downward, as well as by means of an opaque enema.

The opaque meal is seen in the duodenum within one-half hour of its injection and collects after four hours in the ileum and caecum. Within six hours there is still a trace in the ileum, while nine hours is the time allowed for the normal ileum to empty itself. The reason for this delay in the terminal ileum is the physiological contraction of the ileo-caecal valve. Pathological conditions that may cause a delay in the meal reaching the terminal ileum are bands of adhesions, tumors within or without, displacements and ptosis.

In studying emptying time of the ileum the condition of the stomach must be taken into consideration, since any delay in the evacuation of the stomach may prevent the chyme reaching the lower ileum. Ptosis of the small intestines may cause a moderate delay, but it is not an etiological factor in production of chronic constipation. Delayed entrance of the chyme into the caecum may be due to spasm (Figure 1) or incompetency of the ileo-caecal valve and adhesions generally termed Lane's Kinks (Figure 2). Dilatation of the terminal ileum (Figure 3) is significant of obstruction and demands surgical intervention. The delay may exist from nine to 72 hours.

The caecum (Figure 4) and ascending colon retain the chyme for a longer period than any other portion of the large intestine, and consequently allows much greater opportunity for bacterial action, and if dilated from constipation is the most usual site for manufacturing toxins. When associated with ptosis of the hepatic flexure and adhesions the term perityphlitis (Figure 6) is used. Tuberculosis of this area is a frequent occurrence and is usually recognized as stenosis. Constipation has been divided into hypokinetic and dyskinetic forms and dyschesia. The first is due to lack of muscular tone, the second to antiperistalsis, and the last to delay in evacuation of the rectum. The average time for the opaque meal to fill the colon is 24 hours, and normally the caecum is clear of the bismuth meal after 48 hours, although frequently it remains in this lo-

cality from 60 to 105 hours. This delay is termed stasis.

The same principal that applies to obstruction in the small intestine is seen here, that when the progress of the meal is delayed, there is dilatation on the oral side with appearance of angulations, constrictions and evidences of growths at the point of obstruction. It is customary to verify these findings by fluoroscopy, when the opaque enema is seen to stop gradually dilate the intestine on the anal side of the obstruction. In the case of simple angulation the bowel is seen to straighten out like a kinked hose, the meal continuing its progress until it reaches the caecum. The usual time for the passage of the enema is from four to five minutes, occasionally the period may be less or greater. The former can best be detected accurately by fluoroscopy accompanied by careful palpation. The latter may be determined by plates taken serially.

In cases of constipation the opaque enema is used after thorough cleansing of large bowel and the most usual appearance is dilatation with elongation (Figure 7). I am inclined to believe that these enormous colons are originally of congenital origin, the existence of long mesenteries which are seen in certain types of individuals, occurring in families. The dyschesia is apparent in a dilated rectal ampullae. This is more apparent when the opaque enema is used but by the occurrence of scybalous masses (Figure 6) when examination is made by administration of meal by mouth. The plates made by the two methods are so different in appearance that one can tell at a glance when the enema has been used. The difference in the two appearances being that haustral segmentation is more marked when the meal has been given by mouth than when the enema has been used. One quart is usually sufficient to outline the entire colon and can be administered in safety, provided the preliminary cleansing of the colon has been executed.

NORMAL PERISTALSIS.

A word about the normal colonic peristalsis. It has been noted by the Roentgen study of the motor phenomena that we have a regular peristaltic movement, a greater peristaltic movement, antiperistalsis and stormlike movements involving a whole section of the colon. The first is dependent upon the action of circular muscle fiber and acts over a greater area and presents a mixing movement; the greater is more wavelike and

causes a marked displacement of feces. Antiperistalsis is known to exist normally and may account for some peculiarities often seen. The stormlike movements occur just before or during defecation and are influenced by the injection of food, and are apparent during X-ray examination by the disappearance of segmentation and a remaining linear shadow behind the progress of the contents. As the motion subsides the segmentation reappears. These appearances are seen best following bismuth meal when studying functional disturbances, the bismuth enema being more adapted to discovering organic obstruction.

CONCLUSIONS.

The conclusions drawn from Roentgen observations should be carefully verified and modified in certain instances by recognizing the numerous idiosyncrasies of our patients, nervous phenomena being apt to lead us astray. What has been said of the changes associated with stasis may be summarized as follows: That the frequent cause of delay is obstruction, and when persistent demands conservative surgical interference. That stasis occurs frequently associated with other organic disease, and before symptoms are attributed to stasis these other conditions should be eliminated. The final disposition of the case should not rest entirely on the X-ray examination. When peculiar conditions are noted, it being wiser to use this information as confirmatory. With the standardization of Roentgen evidence, the method is becoming indispensable.

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PRACTICAL EXAMPLES OF HISTORY-TAKING.

By ERNEST ZUEBLIN, M. D.

A Guide for the Undergraduate Students.

The importance of a careful method in history-taking has been duly emphasized in the pamphlet published by Prof. Gordon Wilson. The students who follow his excellent advice will be greatly aided in their work. Practical examples of histories taken by students during the past years will also be a help to the present pupils. These histories are the exact copies of the papers turned in and supplied with annotations and suggestions. They will be published at regular intervals and will contain instructive and interesting facts. In succession the infectious diseases (typhoid fever, malaria, septicemia, meningitis, tuberculosis, articular rheumatism, etc.) cardiac, pulmonary, kidney, diseases of the digestive organs, disturbance in nutrition and metabolism, disturbances of internal secretion, will be considered.

These histories are intended not only as a supplement to the didactic course in medicine, but also as a help to the method of history-writing.

It will be observed that three histories were written on the same subject. In explanation I want to say that this was done to show how the patients are likely to give different answers at different times. In this connection it may be said, if student and patient work hand in hand, *i. e.*, if the student will do the proper quizzing and the patient give the correct information, better results will be achieved.

C. K., 35 years of age, white, American, single, farmer, living in Deansville, Charles county, Md.

Complaint.—Pain in the leg¹ and general weakness.

Family History.—Father is living and well. Mother died from old age at 76; has three brothers living and well; has two sisters—one died in childbirth and the other died before the patient was born.²

Exposure.—One of his neighbors, with whom he was working, died of typhoid³ one month before he was taken ill; they also took their drinking water from one well.⁴

Past History.—Had measles twice, when 25 years old⁵ and when a boy five years old, and un-

complicated. Had also whooping-cough, and does not remember when. Had chancre 10 years ago⁶ and gonorrhea nine years ago.⁷

Habits.—Drinks coffee three times a day; does not use drugs; rarely drinks whiskey and beer.⁸

Present Illness.—He was taken ill on the 15th of October with headache,⁹ general malaise, laziness and weakness,¹⁰ and 10 days later was taken to the hospital.¹¹ Now his chief complaint is pain in the leg¹² and general weakness.

Alimentary System.—Appetite is bad,¹³ vomits sometimes,¹⁴ bowels regular, no diarrhea.

Pulmonary.—Has slight cough, especially at night,¹⁵ and brings up mucous sputum,¹⁶ no pain on the chest and no dyspnea.¹⁷

Circulatory.—No swelling of ankles or feet, no ascitis, no palpitation of heart.¹⁸

Urinary.—Bladder regular,¹⁹ no pain and straining on passing water.²⁰

N. System.—Has headache; has no pain but in the leg; is irritable.²¹

Sf. Senses.—Negative.

F. S.

DISCUSSION ON HISTORY NO. I.

(1) It is important to state which leg is affected (right or left). Further, the onset and occurrence of weakness, whether observed in the morning or during the day following physical exercise, accompanied or not by pains, the character of which may be dull, shooting, etc. The presence or absence of swelling.

(2) It is always desirable to give the cause of death, whether it was as a consequence of an acute or chronic wasting disease.

(3) In this instance the duration of the disease, the immediate cause of death should be noted.

(4) Was that well contaminated? Were there other cases that occurred in persons having consumed the same water?

(5) If possible, the duration and character of these two infections by measles should be noted.

(6) The number of treatments received, the character of these luetic manifestations (first, second and third stage) should be given, also whether at the present time any similar manifestations exist.

(7) If possible, the instance of a Neisser infection, the complications, recurrence and treatment received should be noted, the inquiry should also extend over the presence or absence of strict-

ure, disturbances in the micturition should be investigated.

(8) If possible, the amount of alcoholics consumed should be stated, the reason whether or why the patient became more moderate in their use. The use of tobacco by smoking or chewing should be noted, also digestive and nervous disturbances which may result from such habits.

(9) The character and site of the headaches, their duration, intermittent or continuous; the time of their appearance, day or night, should be noted.

(10) The time and duration of the symptoms should be given, whether they occurred independently from work or exercise.

(11) If possible, the patient should be asked how long he was able to continue his work, notwithstanding these manifestations; further, the date when he had to give up his work, when he had to go to bed; further, the measures he had taken for the alleviation of these symptoms.

It is important to mention the name and address of the doctor who attended the case, the date on which he was first called, the reasons why the patient was committed to the hospital.

(12) As already discussed under Figure I.

(13) How was the appetite previous to patient's disease? Was anorexia present among the first morbid symptoms? If the patient previously had any gastric complaints, when and how were they treated?

(14) The first occurrence of vomiting should be noted, the character of the stomach content voided, whether it followed immediately the intake of meals or several hours afterwards. The presence or absence of pains, existence of gas, distension of abdomen, should be considered.

(15) Since when did the patient cough? What is the character of the cough (dry, hacking, moist, etc.)?

(16) The amount of sputum, its physical aspect, the time of expectoration must be noted.

(17) There is no indication as to the presence or absence of temperature, night-sweats, loss in weight, etc.

(18) The symptom of dyspnea at rest or after exertion has not been considered.

(19) No mention is made of the amount of water passed, the character of the urine, presence or absence of thirst, presence or absence of sediment.

(21) There is no mention made of the date of such irritability, whether it has to be consid-

ered as a direct consequence of the present illness, the nature and duration of sleep has not been mentioned, nor were the muscles, joints and bones considered.

Name, C. K.; *address*, Charles county, Md.; *age*, 35 years; *social condition*, single; *occupation*, farmer; *nationality*, American; *race*, white.

Complaint.—Patient says he came in hospital for tired feeling; was unable to work and was told by his physician that he had typhoid fever.¹

Family History.—Father living and healthy, aged 76 years. No history of tubercular malignancy, tuberculosis or insanity. Mother died at age of 76; patient does not know any cause other than old age, although he says she complained of heart trouble two or three years before her death. Mother was married twice. Patient does not know cause of first husband's death. Has one whole brother and two half-brothers, all living and healthy; ages not known. Two sisters dead; one died before patient was born and does not know the cause; other sister died from childbirth; age at death not known.²

Family History.—Father living and healthy, (uncomplicated). Says he had it again when he was 25 years of age (uncomplicated); lasted about 10 days;³ also gives history of sore on penis⁴ nine years ago. Had mumps at nine years and recovered O. K. Had whooping-cough when quite young (uncomplicated). Had gonorrhea nine years ago and lasted for 18 months; says he had sore on penis at same time; was treated for it and it disappeared about six month afterwards. Patient gives history of pain²⁰ in shoulder joint of dull, aching character and radiating down the arm; said it started five years ago and has an attack every four to five months.²¹ Has been operated on twice for inguinal hernia on right side.

Habits.—Drinks tea and coffee at meals and occasionally takes whiskey and beer, but does not use either to excess.⁸

Exposure.—Hires on farm in Charles county, Md. Says that one of the workmen living on the farm died about three months ago from typhoid, and all had been drinking same water.⁴

Present Illness.—Started about 10 days before patient entered hospital. Said he was first taken with headache, which was constantly present; said he was unable to complete his day's work; would have to quit and rest; also had pains over his entire body of dull, aching character, and felt

every day as if he had a chill. He was constipated at the time. These symptoms gradually became worse, so he went to see a physician and was told to go to bed, which he did. This was on Sunday night and the following Friday, which was October 24th, he entered the hospital. Says he has not been delirious at all and complains at present of pains in back.⁹⁻¹²

G. I. Tract.—Appetite poor; bowels constipated; said he only had movement every two to three days; no pain before or after eating.¹³⁻¹⁴

Pulmonary Tract.—No cough,¹⁵ no expectoration of blood, no pain in chest; has lost some weight.

Urinary.—No pain or frequency of urination.¹⁹

Circulatory.—No shortness of breath, no swelling of ankles or feet; no discomfort in cardiac region.¹⁸

Joints.—Has had frequent attacks of pain in right shoulder, which he says is rheumatism; other joints negative.²⁰

Nervous.—Previous to present illness only occasional headache, but since that time he has had it almost constantly until he entered hospital; since that time it has not been present.²⁰

Special Senses.—Eyes negative; ears, some ringing in the ears;²² no pain or discharge.

In the preceding history on the same case, as in No. 1, we have a more detailed account of the patient's past and present history.

(1) We have a more satisfactory account of the patient's chief complaint. The history being taken before No. 1, no complaint existed about pains in his left leg.

(2) The family history brings more important details. With the present infection, the patient relating the heart disease of his mother, from which she died, we may suspect the possibility of a congenital weak heart of the patient, which during his present illness may favor the occurrence of undesirable circulatory disturbances.

(5) The repeated infection by measles has received more consideration in this instance. No mention is made whether patient had any other infectious diseases.

(6) The venereal infection and its manifestations are given more in detail, although no mention is made as to the complete disappearance of these and other luetic manifestations.

(20) In this history we find an indication of rheumatism, which has not been mentioned in the previous history. The site where the pains oc-

curred has not been mentioned, considering the possibility that it may be due to another cause than rheumatism and may be irradiating from other organs than the joints (angina pectoris, gall stones, etc.).

(21) The season, the time of occurrence of these attacks, presence or absence of swelling and other symptoms of influence have not been mentioned.

(8) See the remarks on the same number in the preceding history.

(4) In this instance we have a few more details about the other typhoid case preceding the patient's infection. It would be desirable to mention whether the patient came in contact with this case or whether the drinking water was also the cause of the patient's infection. It seems striking that the typhoid infection of the fatal case should have preceded three months this patient's infection (typhoid carrier, walking typhoid).

(9-12) In this history we have a more complete account of the onset, the succession and symptoms of the patient's disease, which method can only be encouraged.

(13-14) See remarks on his previous history.

(15) The information obtained is not in accordance with the previous history so far as cough and expectoration are concerned. It may be possible that the symptoms mentioned in the first history did not exist when the second history was taken.

(19) See remarks on the same number in history No. 1.

(18) The remarks in this history combined with those given in history No. 1 complete each other.

(20) Has been discussed before (previous and present history).

(22) The onset, frequency and duration of this symptom should be more completely investigated as to the presence or absence of a preceding *otitis media*, the acuteness of hearing, the presence or absence of vertigo, etc.

Name, C. K.; *age*, 35 years; *address*, Charles county, Md.; *occupation*, farmer; *nationality*, American; *complaint*, typhoid fever; *social condition*, single; *color*, white.

Family History.—Father living and well; age, 76. Mother died a year ago, aged 76, old age. Has two sisters dead; causes and ages unknown. One brother and two half-brothers living and

well. No brothers dead. No history of tuberculosis or malignancy.

Past History.—Has had measles twice—once when a boy and at 25. Was very sick following second attack.⁵ Whooping cough and tonsilitis when small. Negative to pneumonia, typhoid, pleurisy, rheumatism, scarlet fever and diphtheria; malaria negative.

Veneral History.—Had gonorrhea nine years ago.⁶ Says he had sores breaking out on body about five years ago.

Present Illness.—Patient started to feel bad on about October 11. His principal symptoms were loss of appetite, general malaise, weakness, headache, with pains in his back and the back of his legs. These symptoms increased in severity, so that about a week later he was obliged to stop work and go to bed. He consulted a physician, who sent him to the hospital. He entered here October 24, 1913. His condition since in the hospital has improved and he feels very well now, except that he is weak and hungry.⁹⁻¹¹

Respiratory.—No cough, no spitting of blood, no night sweats or loss of weight up till present illness.

Cardiac Vascular.—Shortness of breath on exertion.¹⁸ No swelling of feet or ankles. Has occasional palpitation and pains in precordial region.

T. Intestinal.—Appetite good now. No pain, nausea and vomiting. Diarrhea.

T. Urine.—No pain, burning, urgency or frequency. Does not have to get up at night.

Joints.—Negative.

Nervous.—Does not sleep very well;²⁰ does not dream. Worries over small affairs, is easily excited. Special senses, negative.

Habits.—Two cups of tea at a meal. Uses liquor in moderation. Chews tobacco. Uses no drugs.⁸

C. S. B.

(5) It is interesting to find the second attack of measles of a more serious type, which observation tallies with the general impression prevailing among physicians.

(6) Could be more complete as lined out under same figure in both preceding histories.

(9-11) Infection and illness is very well rendered and shows the practical experience of the writer.

(18) For the first time we find symptoms of cardiac weakness—dyspnea on exertion. It would

be desirable to mention the causes, the degree, duration and frequency of cardiac palpitation or precordial pains.

(20) The reason of insomnia, the duration of sleep, should be inquired into. Further, it is desirable to let the patient narrate the character of his worries, the causes, occurrence and duration of excitement, the possible existence of mental depression, etc.

(8) See criticism in first history.

The general impression of this history is good, particularly the information as to the present illness is concise.

Mrs. W. D. O'C.; age, 41 years; address, Union Bridge, Md.; social condition, married; nationality, American; occupation, housewife; complaint, aching pain on the extremities and back.¹

Family History.—Father living and well; age, 81 years. Mother died when 72 years; cause, Bright's disease. Four brothers living and well; one boy died when 10 months old; cause, cholera infantum. Five sisters living and well; two sisters dead; cause unknown; one of them died during pregnancy. Husband living and well; age, 41 years. Had four boys, two living and well and two in the hospital with typhoid. One boy died when three months old; cause unknown; one died three weeks before she got sick; cause, typhoid fever-pneumonia.²

Negative to malignancy, rheumatism, tuberculosis, apoplexy, heart disease, nervous disease, whooping cough, malaria, diphtheria, measles, scarlet fever, etc.

Exposure.—Patient has been living at Union Bridge, Md., but said there was no typhoid fever around that place previous to its outbreak in her family. October 7 her daughter complained of malaise, pain in the extremities, etc.; in a few days a physician was called in and diagnosed the case as typhoid fever. The patient nursed her daughter for one week of her illness. The physician in charge said that it was from the water and ordered that all water to be used should be boiled, nevertheless the patient and two of her sons developed the disease.⁴

Past History.—Negative to rheumatism, cardiac and nervous diseases. Negative as to pneumonia, scarlet fever, whooping cough, measles, malaria, etc.; has occasionally attack of dizziness and earache, which, she states, is due to eye strain.⁵

Present Illness.—About two weeks ago the pa-

tient was feeling badly, but did not go to bed until Friday, October 7. Previous to going to bed she complained of general malaise, chilly sensation and lassitude all over the body; later on went to bed, when she had considerable fever.¹⁰

Alimentary Tract.—No nausea or vomiting, appetite fair, no sense of fullness or weight in the stomach, no pain, before or after eating, in the stomach. Bowels constipated at time of admission in hospital.¹³

Pulmonary.—No cough or expectoration; dyspnea on slight exertion;¹⁶ no spitting of blood nor pain on chest; no night-sweats; no pain on chest exertion or expiration; bleeding from nose at beginning of illness.¹⁷

Cardiac.—Dyspnea on slight exertion; no swelling of feet or ankles; no palpitation or pain on precordial region; no dizziness, vertigo or ringing in the ears during the present illness.¹⁸

G. Urinary.—No pain or blood in urine; don't have to make water at night. A discharge from vagina, she said, has been present for 20 years.

Muscular.—General feeling of soreness throughout body.²⁰

Nervous.—Has had frontal headache;²¹ don't radiate.

Extremities.—Negative.

Menstrual.—Negative. No clot, no pain; lasts four to six days; normal every 28 days, etc.²²

REMARKS TO THE PRECEDING HISTORY.

(1) The location of these pains—in which part of the extremities should have been indicated.

(2) The family history has been well considered and furnishes a valuable contribution to the vitality of the patient's family.

(4) The history of exposure is rendered very well, and shows plainly the spread of the disease within the family, causing the illness of the mother and three children, and one infection ending fatally.

This shows plainly how unhygienic conditions may endanger and cause the ruin of family life for a number of weeks.

(5) The past history is well considered. It would be desirable, however, to mention the time and occurrence, the frequency of these attacks of dizziness and earache; the reason why they are attributed to eye strain; whether an examination by the oculist and change of glasses caused the disappearance of these symptoms.

(10) The prodromal symptoms should be

more fully considered as to their appearance, the time of the day, their duration, the reason why and when patient had to go to bed; also the presence or absence of perspiration, the loss in weight, presence or absence of epistaxis headache, thirst, should have been stated.

(13) The functions of the bowels previous to the onset of the disease should have been mentioned.

(16) The character of exercise producing dyspnea should be considered; also the time of its first appearance.

(17) The exact time of appearance of epistaxis, the character and quantity of blood voided, the frequency, should have been considered.

(18) It would have been well to mention the cardiac symptoms as to dizziness, vertigo, ringing of ears, not only during the present illness but preceding it.

(20) Since when did the symptoms exist? Were they observed only during the present illness or did they precede?

(21) The character, appearance and frequency of the headaches should have been considered, the onset and duration, whether continuous or whether they come on by attacks. Further, the mental condition previously and at present, the amount of rest, the character of sleep, should have been mentioned.

(22) In women, it is important to mention the date of the last menstruation, as in this disease miscarriage and premature parturition have to be counted among the possible complications.

GENERAL REMARKS UPON THE QUALITY OF THESE HISTORIES.

A careful perusal of these histories will show the advantage of a thorough investigation. In some instances the diagnosis of the disease can be made from the history alone. We see how differently the individuals react upon exposure to typhoid infection, how varied their prodromal symptoms may be, how they need not present all the ear-marks of typhoid infection; they further show how the information of the same patient is at different times.

Winslow, class of 1906, who is located at Baraboo, Wis.:

"March 17, 1915.

"Dear Father:

"It is a long time since I heard from home, and still longer since I have written, although each week I have intended to do so. I trust all are well at home as we are here. Since having my appendix removed I believe I have felt better than previously. Of news in general I am compelled to state there is none, so far as I know, so perforce my letters are all personal narratives of the great 'I am' type. Perhaps you would be interested to know that Dr. Ochsner was born in a little village of Swiss named Honey Creek, not very far from here, and still has a farmer brother living there. The people hereabouts speak of him as Ochsner with an absence of awe that is characteristic of this part of our dark continent. Titles are handled without gloves, or far more often entirely divorced from one. I have become quite accustomed to being addressed as Mr. Winslow. As a matter of fact, Dr. Ochsner has donated this town with a hospital site, provided the townspeople furnish the wherewithal to erect one. The building seems to be somewhere in the dim and distant future, as this place is torn by religious factions. The Catholics will not contribute to the scheme, as they would like to have a hospital run by Sisters. Recently there was a lecture by some scrubs anti-Catholic in sentiment, and indeed especially attacking the monasteries. Needless to say an enormous crowd attended. Last Sunday I attended a Christian Science lecture delivered by a Boston member, and the hall was jammed. In some respects it was a good address, i. e., diction and delivery were excellent, but he stated that they had been able to cure cancer, tuberculosis, locomotor ataxia, etc. It seemed to me that the people grasped just enough of the discourse to be harmful to them. I have often wondered whether you have ever used your Murphy button. I have had fine results with mine. The last case I used it on I resected the colon over to the splenic flexure, along with about 10 inches of ileum, and the button was passed on the eighth day. Patient was walking about and left hospital on tenth day. I saw him yesterday. His bowels were moving twice daily and he was feeling fine. Also I have a case in which I did an exploratory operation and found the cause of the jaundice to be due to obstruction from a pan-

Prof. Randolph Winslow is in receipt of the following letter from his son, Dr. Fitz-Randolph

creatic induration without doubt carcinomatous in character. I anastomosed it to the transverse colon with round button. Patient is convalescing O. K. I am giving him peptonized food. Do you suppose those cases would be sufficiently interesting to write them up? I never saw the operations performed while in the hospital at home, but know that was merely a coincidence, so thought it would not be worth while.

"I received a letter quite a while ago from the secretary of the College of Surgeons stating that, owing to the number of applicants, they had not been able to investigate them all yet, but would inform me regarding the result as soon as he received word. I do not look forward with much optimism, as I know my worthy compatriots here would take great pleasure in spoiling my game. Recently a lady whose husband I was going to operate upon was stopped by one of these ethical gentlemen, who said: 'I hear your husband is going to be operated upon at the Baraboo Hospital.' 'Yes,' she responded. 'Do you want him killed,' he said. 'Why don't you take him where they know something?' 'That's what I think I am doing,' she said. I had half a notion to interview the doctor, but there is no county society meeting, so I decided to let the matter drop, as I could only have a row to no purpose. Since coming to Baraboo I have never been called in consultation or been fortunate enough to have a single case referred to me by the town physicians, but I get work in spite of them all. Well, daddy, I didn't intend to treat you to a dish of woe, but just want to let you know how the wind is blowing out here. I expect it is quite annoying to treat a case for 'too much acid in the blood' and then have some fool remove the gall bladder with a stone in it the day after you are fired from the case, so I try to be reasonable.

"We are having a little flurry of snow today. There has been snow on the ground, with sleighing almost continually since before Christmas, but during the last week there has been a thaw, so we have some hopes that spring will come some day. I suppose it is nice and mild at home now. We are anxious to plant our garden soon. Would you believe it, we have hardly bought a vegetable since last spring, because of the canned ones Flo put up, and still have parsnips and salsify in the garden awaiting until the ground softens sufficiently to dig them. They are much improved by being left in the ground over winter. I often

laugh to think of the way we used to plant flowers in our yard at home and nobody ever thought that the poor things needed a little fertile soil and cultivating.

"Well, the clock has pretty nearly turned the corner around, as the Dutchman says, so I will send the family's love to all and bring this ramble to an end. I was sorry you didn't let me know where you were stopping in Chicago, as I had planned to drop in on you. Please remember me to the boys and my more exalted friends at home. With best love to all.

"Affectionately,

"FITZ."

BOOK REVIEWS

ANATOMY AND PHYSIOLOGY OF THE EYE AND ITS APPENDAGES. By John W. Croskey, M.D., Ophthalmic Surgeon to the Philadelphia General Hospital, Philadelphia, Pa. Philadelphia: Smith-Edwards Company. 1914. Illustrated.

This little pamphlet is devoted to the anatomy and physiology of the eye and is based upon a course of lectures delivered to students and nurses at the Philadelphia General Hospital. Though brief, it is accurate in statement and should render the acquisition of an intelligent idea of the anatomy and physiology of the eye easy. It is naturally too condensed to be used independently of textbooks, but for elementary studies should prove generally useful.

SOME IMPORTANT MEMORANDA FOR BUSY PHYSICIANS. New York: Fellows Company.

This little booklet contains much recent information advantageous to the physician. It is neatly gotten up, and will be sent gratis to any doctor desiring it. It contains besides information on twilight sleep, short and succinct accounts of Osler's spots, the Cammidge urine reaction, Adler's benzidin reaction for blood, Ehrlich's diazo reaction, Von Pirquet's cutaneous tuberculin reaction, Boston's sign in exophthalmic goitre, Kernig's sign in meningitis, Babinski's Achilles tendon reflex, Noguchi's Luetin skin test, Abderhalden's defensive ferment tests, etc. Verily, it is an excellent example of *multum in parvo*.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, APRIL, 1915.

A CHANGE OF DIET.

A change of diet is not only pleasant, but is often very beneficial. We may have a most bountiful and nutritious regimen at home, but we frequently become tired of a constant diet and long for a change. In the same manner a change in intellectual pabulum is also both pleasant and beneficial to the medical student as well as to the practitioner. There is doubtless advantage in the custom, more prevalent in other countries than in this, of attending courses in several universities. Our students, however, are to a very large extent content to remain with us during the whole of their undergraduate period, but it is good for them to have an opportunity to see and hear prominent teachers and investigators from other institutions. For a number of years we have been able to have special lectures upon live subjects by distinguished members of the profession, amongst whom have been Dr. Charles H. Mayo of Minnesota, Dr. Wm. L. Rodman of Philadelphia, Dr. Richard Cabot of Boston and Prof. Dr. Adolf Schmidt of Germany. During the present session we have been favored with a most instructive discourse on the physiology and pathology of the stomach by Dr. Lewis Gregory Cole of Columbia University, illustrated with cinematographic demonstration of the action of the stomach in health and disease. The methods of Dr. Cole are very beautiful, and doubtless effective, but as each case studied requires from 40 to 80 skiagraphs, costing from \$20 to \$50 for even a free patient, they are not of universal applicability. Another lecture on new methods of investigation of digestive disorders was given by Dr. Rehfuess of Philadelphia, who showed that the ordinary single test-meal examination of the

stomach contents is practically of no value, and that to obtain information of diagnostic value it is necessary to make fractional examinations; that is, a number of examinations during the whole period of digestion. As these methods do not require elaborate apparatus and only the expenditure of time and effort, they are of great applicability and of great utility.

In the course on tropical medicine, Professor Nydegger, himself an expert on tropical diseases, has brought to the University many distinguished lecturers on such conditions as cholera, yellow fever, bubonic plague, hookworm disease and dengue. Recently we were favored with a splendid lecture on the development of the malarial plasmodium both *in vivo* and *in vitro* by Professor Bass of Tulane University, New Orleans. He showed that these organisms would cause a blockage of the capillaries with a stasis of the circulation, and that quinine was unable to reach them until they had completed their cycle and had broken up and passed on. The coma of malarial fevers was thought to be due to a blocking of the cerebral capillaries, causing anemia of the brain. The practical lesson taught was that quinine should be given in large doses and continued for several days in order to kill the young plasmodia as they successively escaped from the blocked capillaries.

All these lectures have been largely attended by physicians as well as students.

THE PATHOLOGICAL ENDOWMENT FUND.

This fund, like the fabled tortoise, does not make rapid progress in the race; nevertheless, some progress is being made, and we hope that it may eventually reach the goal. This goal is \$100,000. There is now in hand \$21,900.92, and considerable additional subscriptions have not been paid as yet. It would help us very materially if those who have kindly subscribed to the fund could send us checks for the amounts subscribed. New subscriptions received during March:

Frank O. Miller, 1902.....	\$10
Fred Rankin, 1909.....	25
Dr. W. S. Gilroy.....	2
Total.....	\$37

ITEMS

DR. THOMAS FELL WILL REMAIN PROVOST OF THE UNIVERSITY OF MARYLAND AND PRESIDENT OF ST. JOHN'S COLLEGE.

Dr. Vernon L. Oler, class of 1911, writes us that at present he is with the Wolverine Copper Mining Co., Kearsage, Mich. He was formerly at the Polyclinic Hospital, 341-351 W. 50th street, New York city.

Dr. Charles E. Terry, class of 1903, is located at 2601 St. John's avenue, Jacksonville, Fla.

Dr. Challice Haydon Metcalf, class of 1914, has located at Lutherville, Md.

Dr. Oscar L. Rogers, class of 1897, is junior surgeon at the Rawlings Sanitarium, Sandersville, Ga. In a recent letter from him he sent his best wishes to "all around the old University."

Miss Lucy Scaggs, of the intermediate class, who was operated on at the hospital the last of February, is getting along nicely.

Miss Lillie Hull, of the intermediate class, who was operated on at the hospital recently, has gone to her home to recuperate.

Dr. James A. Nydegger of the United States Public Health Service returned to Baltimore March 29 from a trip to Florida, where he was sent by the Government to adjust a dispute between the local physicians of Manatee county and the State Board of Health regarding an affection of the eyes, from which a number of persons were suffering. Dr. Nydegger decided that the affection was trachoma. He also spent some time making a survey of the schools of Manatee county and made a number of addresses on school hygiene.

Eta Chapter of the Phi Sigma Kappa Fraternity entertained the graduate members at a smoker at the chapter-house on Saturday night, March 13. Many of the graduate members were present, and an enjoyable time was had talking over old times and plans for the future.

A theater benefit was held at Ford's on Wed-

nesday night, March 17. The play presented was "The Bird of Paradise." The acting and scenery were fine, and the play was No. A1. The proceeds will go toward a new fraternity building.

The following were recent visitors to the University Hospital: Charles L. Schmidt, 1911, and Thomas H. Legg, 1907, of Union Bridge, Md.; Robert E. Abell, 1912, formerly one of the assistant physicians at the Hospital; Clifton N. DeVilbiss, 1910, of Laytonville, Md., and John W. Ebert, 1912, of Lutherville, Md.

The committee on sanitation of the Confederated Civic Association of Baltimore county met and organized March 19 at the Hotel Junker. Dr. J. Carroll Monmonier, class of 1897, of Catonsville, was elected chairman. Dr. Albert L. Wilkinson, class of 1903, of Raspeburg, was elected chairman of the public instruction committee, and Dr. Fred V. Beitler, B. M. C., class of 1906, of Halethorpe, chairman of the sewerage and water supply committee. A general discussion of sanitation followed the organization.

Dr. and Mrs. Page Edmunds, who sailed recently from New York on the Bermudian of the Quebec Line for the Bermudas, where they spent a few weeks, have returned to their home.

Miss Grace Tull, class of 1909, is doing substitute nursing in the infant milk work.

Miss Grace Stoneham, class of 1914, is spending a few days in the city.

Dr. John C. Stansbury, class of 1913, is doing special work in dermatology in the University Hospital dispensary. Dr. Stansbury has just recently returned from Glasgow, Scotland. On the return trip he acted as ship surgeon. He resides at 1307 Edmondson avenue.

We are glad to have with us again two of our professors who have been quite sick. They are Dr. T. Casper Gilchrist, professor of dermatology, who has been ill with influenza, and Dr. Edgar R. Strobel, associate professor of dermatology, who has been suffering from an attack of the grip.

Dr. Howard Elmer Ashbury, class of 1903, announces the removal of his offices and X-ray laboratory to 827 N. Charles street, where the newest equipment has been installed for fluoroscopy diagnosis and X-ray therapy. Office hours, by appointment. Telephones, Mt. Vernon 2571 and 2572.

Dr. Marshall Langton Price, class of 1902, formerly of 6 E. Franklin street, has written to the *Baltimore Sun* stating that he is being held a prisoner in London. Dr. Price was formerly secretary of the State Board of Health of Maryland.

Dr. John R. Lowery, class of 1904, who has been located at Cooleemee, N. C., has moved to Charlotte, N. C.

The Splint Club, composed of members of the medical faculty of the University of Maryland, held its annual dinner Thursday evening, March 18, at the Rennert Hotel. There were about 20 members present, and the dining-room rang with songs and cheers. Dr. J. Dawson Reeder, president of the club, presided and acted as toastmaster.

The club was formerly a secret organization, but now is open to anyone who wants to join, provided a few formalities are gone through. Dr. Ridgely B. Warfield was guest of honor of the club, and made an address. Others about the table also spoke. Those present were:

Drs. Gordon Wilson, John R. Abercrombie, Arthur M. Shipley, Frederick Rankin, G. Carroll Lockard, C. W. McElfresh, C. R. Wilkinson, Henry Fitzhugh, Edward E. Gibbons, Hugh Brent, J. T. O'Mara, Compton Reilly, Frank Linn, Henry D. McCarty, Robert L. Mitchell, J. W. Holland and Howard E. Ashbury.

The March meeting of the University of Maryland Medical Society was held in Chemical Hall, northeast corner Lombard and Greene streets, Tuesday, March 16, 1915, at 8.30 P. M. The meeting was most interesting and instructive. Dr. Martin E. Rehfuess of Philadelphia gave an illustrated lecture on "Conclusions to Be Drawn from Recent Gastro-Intestinal Studies," followed by a discussion by Drs. Randolph Winslow and Frank

J. Kirby. In addition there was a lecture on "Achyilia" by Dr. Thomas R. Brown, followed by a discussion opened by Dr. Gordon Wilson. These monthly lectures are very instructive, and are well attended by the physicians and medical students.

In recognition of his long and faithful service at the Baltimore Eye, Ear and Throat Hospital, Dr. Jacob H. Hartman, class of 1869, of 5 W. Franklin street, one of the two living founders of the institution, was tendered a banquet Thursday evening, March 18, at the Rennert Hotel. A handsome silver service was presented the guest of honor by the staff of the hospital.

The banquet was attended by about 20 physicians and surgeons. Dr. Samuel Theobald, class of 1867, presided at the table, and at his left sat Dr. Hartman. At the close of the dinner the various members of the hospital staff were called upon and paid glowing compliments to Dr. Hartman, the tribute from Dr. Theobald, the other living founder of the hospital, being especially warm.

The seventh Pan-American Congress will meet in San Francisco June 17-21, inclusive. It assembles pursuant to invitation of the President of the United States, issued in accordance with an act of Congress approved March 3, 1915.

Dr. Herbert Harlan, class of 1879, of 516 Cathedral street, accompanied by his daughter, will leave for California early in May to visit the Panama-Pacific International Exposition at San Francisco.

Miss Jane Pennewell, a member of the Junior class, who was operated on recently for appendicitis at the hospital, is convalescing at her home in Snow Hill, Md.

Dr. Adolphus Lamar Little, class of 1910, is located at Wilkinsville, S. C. We are glad to hear that he is doing so well. He was married several years ago, and has two fine boys.

Dr. Ralph Leland Taylor, class of 1911, is located in Davisboro, Ga. He was married on the 24th of December last.

It is exceedingly gratifying to us to learn that Dr. Leonce J. Kosminsky, class of 1906, is succeeding so well, as will be seen from the following letter. We extend our hearty congratulations to Dr. Kosminsky:

"Texarkana, Ark., March 29, 1915.

"Dr. N. Winslow, Baltimore, Md.:

"Dear Doctor—Enclosed find check for \$3 in payment of HOSPITAL BULLETIN to April, 1916. Glad to say I am getting along nicely. They are treating me very nicely in my home town. Was elected Exalted Ruler of the Texarkana Lodge of Elks, No. 399, and promoted from local surgeon for the Missouri Pacific Railway Co. to assistant and examining surgeon. Glad my qualifications given me by the University of Maryland education have proven so satisfactory.

"Notice from BULLETIN that you are now doing surgery only. Permit me to wish you great success.

"Remember me kindly to the Faculty. With best wishes to you and yours, I am, as ever,

"Your friend,

"L. J. KOSMINSKY, 1906."

Dr. Robert Lawson Kennedy, class of 1910, is located at Havana, Fla., where he has been for the past three years. Prior to locating in Havana Dr. Kennedy was resident physician at the Florida Hospital for the Insane. He also practiced in Citra, South Florida, for four months, where he contracted typhoid fever, from which it took him a year to recuperate. It is a pleasure for us to know that Dr. Kennedy has succeeded in building up a good practice, and we extend to him our congratulations.

The annual meeting of the Nurses' Alumnae Association of the University of Maryland was held at the University Hospital on April 5. Miss C. A. Cox, class of 1908, was appointed delegate to the convention of the American Nurses' Association, to be held in San Francisco, Cal., from the 20th to the 26th of June.

The following officers were elected for the ensuing year:

President—Miss M. E. Rolph, class of 1895.

First Vice-President—Miss Mary Gavin, class of 1908.

Second Vice-President—Mrs. Page Edmunds, class of 1905.

Secretary—Mrs. Frank S. Lynn, class of 1908.

Treasurer—Mrs. Nathan Winslow, class of 1903.

Members of the Executive Committee—Misses Nancy MacNabb, class of 1907; C. A. Cox and S. A. Hostrawser, both of the class of 1908, and M. E. Sullivan, class of 1911.

Dr. Ernest L. Griffith, class of 1907, has moved from Huntington, W. Va., to Clifton Forge, Va.

Dr. Walter H. Mayhew, class of 1901, is at Trudeau, N. Y. He was formerly at the State Sanatorium, Sabillasville, Md.

We note in the March issue of the Hospital News of the Georgetown University Hospital an article, entitled, "The Critical Periods of a Woman's Life," by Dr. Henry D. Fry. Dr. Fry is a member of the class of 1876, and resides at 1929 19th street N. W., Washington, D. C. He is professor of obstetrics and clinical professor of gynecology in the Georgetown University School of Medicine.

We are in receipt of the two following newsy letters from Dr. Robert Lawson Kennedy, class of 1910, who is located at Havana, Fla.:

"Havana, Fla., March 15, 1915.

"Dear Dr. Winslow:

"I received a letter from my old friend Dr. Michel Samaan Hanna, who is back at his old home in Tanta, Egypt, and from his letter he has done exceedingly well. I know he has, for he is thoroughly reliable. I roomed with him my senior year while I was clinical assistant at the University Hospital.

"I have been located here for the past three years, and have gotten along nicely, considering there are four other physicians in this town, and they all have been located here for a long time. They have been fighting me ever since I have been here, but I have just kept quiet and attended to my own business and let them do the talking. I have an Overland roadster, and do my city and country work in it. I wrote to the HOSPITAL BULLETIN some time ago and asked that you tell of my being located in Havana, Fla., but you must have overlooked it or in the rush of your other duties you didn't think of it. Kindly put in your next issue of the BULLETIN that Dr. Robt. L. Kennedy, class of 1910, is located at Havana, Fla., and has been for the past three years. Before this, I

was resident physician at the Florida Hospital for the Insane, and practiced in Citra, South Florida, for four months before I had a spell of typhoid fever and was laid out of work for one year.

"I enjoy getting the HOSPITAL BULLETIN, and I want you to send it to me regularly. If I owe you anything on it let me know.

"Dr. A. L. Little, I guess you will remember him, was a classmate of mine. He sent me a picture of his two boys about two months ago.

"I have had quite a lot of surgical cases since I have been here, and have gotten along nicely with each one of them. I have a case of broken humerus that I am treating now; also some medical cases. My sister, Mrs. E. F. Quartermon, is visiting me at the present time. She lives in Quincy, just 12 miles from here, where I was raised. She came over to get me to treat her, and I am glad that she is much improved. I am sure you ought to remember me, for I was in your section in operative surgery in 1909, and you showed us quite a few points to observe in our operative technique which have been very useful to me.

"I hope that you and your father, Prof. Randolph Winslow, are enjoying the best of health and success, and also the rest of my many friends up there. Give my regards to your father, Professors Mitchell, Hemmeter, Spear, Taylor, Hirsh, Adler, Cole, Ashby, Hundley, Neal and the others, also to Dr. Shipley. He was one of your best teachers. Kindly give me as lengthy a 'write-up' as you can, for I want my classmates to know where I am and where they are. If I owe you anything for the BULLETIN let me know, and continue to send it to me, for I enjoy keeping up with the friends I have, and I ever want the Hospital to grow and the University of Maryland to continue to be at the front, with her banner streaming. I wish you would send me a pennant of the University of Maryland, also one of those round pins which had a picture of the college on it, and let me know the price, and I will send you check. With kind regards, and hoping you will kindly do as I have asked, for I want my classmates to know where I am and I want a pennant to put in my office and I want this pin to wear. I had one, but I lost it off my vest since I came here. Write to me some time. With best wishes, I am,

"Your former pupil and friend,

"ROBT. LAWSON KENNEDY, 1910."

"P. S.—I was down to Tallahassee to the Leon-Gadsden Medical Society on the 2d, and we had a good meeting. Drs. Palmer, Moore, Johnson, Guinn and Brevard are all graduates of our school. They are located in Tallahassee, and Dr. C. C. Mock in Quincy. We have a good society. I had them meet here last July, the first time they had ever met in this town. In February we met at the insane asylum and had Dr. Raymond C. Turck of Jacksonville give us a clinic in orthopedic surgery. I liked him. There is much resemblance between him and Dr. Taylor. At the meeting held with me last July I read a paper on burns, and their etiology, pathology and treatment, and Dr. Davis of Quincy read a paper on traits and taints. Please publish this and tell my classmates to write to me, for I would be glad to hear from them.

"ROBT. LAWSON KENNEDY, 1910."

"Havana, Fla., March 11, 1915.

"Hospital Bulletin Co., Baltimore, Md.:

"Gentlemen—I am today in receipt of your March HOSPITAL BULLETIN, and enjoyed it very much. I sent you a letter Monday, enclosing one from my old roommate, 1909-1910, at the University Hospital, Michel Samaan Hanna, M.D., Tanta, Egypt. Hanna is a fine man. I want you to be sure to put what I asked you to in your April BULLETIN, as it will reach my friends, and maybe some of them will write to me, for I would be glad to hear from them. I wish you would mention that Adolphus Loma Little, 1910, is located at Wilkinsville, S. C., and has two fine boys; also that Dr. Ralph Leland Taylor, 1911, is located in Davisboro, Ga. He was married December 24, and is doing very well. Hoping to see this and what I wrote you in my other letter in the BULLETIN, I am,

"Your former pupil.

"ROBT. LAWSON KENNEDY, 1910."

We are in receipt of the following interesting letter from Dr. Michel Samaan Hanna, class of 1910, of Tanta, Egypt:

"Tanta, Egypt, January 31, 1915.

"Dear Dr. Nathan:

"I am getting the BULLETIN monthly in time, and to read it over is a great joy to me. It makes me remember, feel, hear and touch the University sphere, and it is no less a joy to be always in touch with the news of the different alumni. I read it

over and miss no paragraph, but I must say that I read over twice or three times anything about the 1910 class. I owe you one year's subscription, and am going to send it as a money order right now if the new laws of the postoffice admit that at present, if not, I will postpone it to another occasion. * * *

"I have performed a complete abdominal hysterectomy for fibromata of uterus under such difficult conditions, poor assistance, and with such a splendid and speedy recovery.

"Yesterday I received a letter from R. L. Kennedy. He is located in Havana, Fla., and is doing well.

"We are in a state of war, and will very soon have to fight at the eastern borders. The English have fortified the canal with all means of recent defense, and we do not believe any power under the sun will ever be able to invade Egypt through the canal.

"I am doing very well here, and have done in surgery operations the result of which I am very proud, such as hysterectomies, hernia, thyroidectomies, pyonephrotomies, cystostomies, etc., and one appendectomy. Kindly give my best compliments and respect to Professors Winslow, Coale and Shipley, and to Drs. Coleman, Robert Bay and Mr. Johnson. With best compliments to you, I remain,

"Very sincerely yours,

"M. S. HANNA."

"P. S.—You may get this letter directly from Egypt, or perhaps from Florida, for I may send it with the mail I am sending to my friend, Dr. R. L. Kennedy in Havana, Fla."

Dr. G. B. Morris, class of 1910, is located at Mt. Olive, N. C.

Dr. H. Graham Stoneham, class of 1913, is located at Waverly, Va., where he is practicing his profession.

We are glad to learn that Dr. Walter L. Richards, class of 1914, who was recently operated on at the University Hospital, is doing nicely. We wish him a speedy recovery.

Dr. Eugene F. Raphael, class of 1906, who has been located at 125 Orchard street, Keyser, W.

Va., has moved to Cumberland, Md. Dr. Raphael is not in practice.

Dr. Louie E. Langley, class of 1910, who has been located at 436 Market street, Williamsport, Pa., has moved to 3 W. 3d street.

BIRTHS

To Dr. James Herbert Bates, class of 1907, and Mrs. Bates, of Millington, Md., February 28, 1915, a daughter—Margaret.

Recently to Dr. J. Dawson Reeder, class of 1901, and Mrs. Reeder, of 639 Fulton avenue, Baltimore, a daughter.

DEATHS

Thomas Gay Whims, class of 1911, of Lasker, N. C., died at the University Hospital March 7, 1915, after a lingering illness, aged 38 years.

Dr. Henry Walton Wood, class of 1902, of 446 County street, New Bedford, Mass., died in February, 1915, at the Jefferson Hospital in Philadelphia, after a lingering illness. He had been sick about 18 months.

Dr. John H. Jenness, class of 1887, of Rising Sun, Md., died at his home March 29, 1915, aged 52 years.

Dr. Jenness attended school at West Nottingham Academy, and afterward graduated from St. John's College, Annapolis, and later from the University of Maryland.

He was a close friend of the late Governor Austin L. Crothers, and when a young man served as assistant teacher with the Governor in the public school at Oakwood. He was a member of the Maryland Legislature in 1898, and was appointed by Governor Warfield school commissioner for Cecil county, a position he held until his death. He is survived by his widow and one son, Richard H. Jenness.

Mary Virginia Dowdell, R. N., University Hospital Training School for Nurses, class of 1901, of Baltimore, Md., died after a short illness in Baltimore March 22, 1915.

Dr. Samuel Claggett Chew, class of 1858, twice president of the Medical and Chirurgical Faculty of Maryland, and the only man who was ever twice honored with that office, former dean of Baltimore physicians, member of the Board of Regents of the University of Maryland for over forty years, and one of the most eminent as well as one of the best-loved physicians of Maryland, died at his home, 3 Midvale road, Roland Park, of heart trouble, after a long illness, March 22, 1915, aged 77 years.

Dr. Chew was eminent as a physician and teacher in Maryland for many years. He had been engaged in the practice of medicine in Baltimore since 1858, and he was a member of the faculty of the School of Medicine of the University of Maryland from 1864 to 1909. In this latter year he resigned, not because he was no longer able to lecture, but because he said that at 70 he thought himself entitled to a rest. It was not until his last illness set in that he was compelled to cease his activities in various fields entirely.

The name of Chew has been illustrious in medicine in Maryland for nearly a century. Dr. Chew's father, Samuel Chew, was a distinguished physician of his day, and preceded his son on the faculty of the University of Maryland School of Medicine. The connection of the father and son with the University extended over the greater part of its history.

The elder Chew was a native of Calvert county, where he was born in the same house in which his people had lived since early Colonial times.

Samuel Claggett Chew was born in Baltimore on July 26, 1837. He was given his bachelorship of arts at Princeton University in 1856. Two years later he was made a doctor of medicine by the University of Maryland, which school also made him a doctor of laws in 1907.

SERVICES TO THE UNIVERSITY.

Dr. Chew was professor of materia medica at the University of Maryland from 1864 to 1886, later becoming professor of medical practice. He was dean of the University from 1874 to 1879, and president of the alumni association in 1877-1878 and again in 1893-1894. In 1873 and 1874 he was vice-president of the Medical and Chirurgical Faculty, to which office he was re-elected three years later. He was president in 1879, and again in 1898, the only man ever to serve in this capacity twice.

When the Professor relinquished his duties at

the University of Maryland, in June, 1908, he was made emeritus professor in recognition of his faithful services to the institution. The resolution of regret and respect which the faculty passed when his resignation was received recited the fact that he had been connected with the University of Maryland for 45 years, recounted his many deeds of kindness and charity and recalled his great learning that he used in the advancement of medical science and the alleviation of human suffering.

In his long service with the University of Maryland Dr. Chew taught some of the men who have since become leading physicians in this and other cities, and it has been said that a majority of the present practitioners in Maryland listened to his lectures.

As a lecturer Dr. Chew was regarded as clear, concise and explicit, and as a demonstrator most convincing and elucidating. And, as with his lectures and demonstrations, so with his various professional essays and addresses.

During all these years Dr. Chew had also his private practice, as well as his duties at the University of Maryland. His recognized professional skill brought him a large number of patients. When he resigned his professorship he remarked that his private practice consumed much of his time, and that to give it proper attention meant much stress and strain.

But it was not only in his profession that Dr. Chew attained eminence. He also attained a high place as a scholar and man of letters. He was always a student and a lover of good literature. As a trustee of the Peabody Institute, of which body he was for many years president, and as a lecturer on many subjects, he served to promote the advancement of learning.

On November 20 of last year the Baltimore City Medical Society presented the Medical and Chirurgical Faculty with a portrait of Dr. Chew, from the brush of Miss Marie Deford Keller, which was painted in Dr. Chew's library at his home in Roland Park. Most of the representative physicians of Baltimore were present on the occasion, but Dr. Chew himself felt his health would not permit him to go out at night, so he was not present to hear the glowing tributes paid to him as physician, teacher and man.

His death has touched a chord of mingled pride and pathos in the memory of hundreds of his fellow-men throughout the State of Maryland.

Dr. Chew married Agnes B. Marshall of Baltimore in June, 1884.

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THE REMOVAL OF AN OPEN SAFETY-PIN FROM A LEFT TERMINAL BRONCHUS.

By RICHARD H. JOHNSTON, M.D.,
Baltimore, Md.

In July, 1914, I was asked to see M. C., aged six years. Her history was that in September, 1913, hoarseness developed which the parents were unable to account for. The family physician could find no cause for the trouble, but, as the tonsils were diseased, thought that they might have something to do with the symptom. They were accordingly removed, with improvement in the general condition, but the hoarseness persisted. The little patient was referred to a specialist in March, 1914, who was unable to get a good view of the larynx with the mirror. From the history of the case he concluded that the patient was suffering with diffuse papillomata of the larynx. The case dragged on, with the result that in July I was called to the Maryland General Hospital to examine the child with the direct laryngoscope, since it was impossible to examine the larynx with the mirror. As I entered the operating-room the family physician told me that the father had just informed him that the patient had swallowed an open safety-pin in September, 1913, shortly before the hoarseness developed. She had had a severe coughing attack at the time, but had soon quieted down and since had had only the hoarseness. The child was pinned in a sheet so that arms and legs were immovable and placed on the table with the head straight and held by a nurse. No anesthetic was used. The small laryngoscope was passed, and when the larynx was exposed the safety-pin was seen lodged in the upper part of

the trachea, open, with the pin up and sticking in the mucous membrane. Forceps were introduced through the tube and the pin seized, the object being to draw it into the lumen of the laryngoscope and by careful manipulation to withdraw pin, forceps and tube together, as I had done in other cases. Unfortunately, the pin from its long sojourn in the body was encrusted with salts, and thereby weakened, so that when the attempt was made to remove it it snapped off and the body disappeared. About one-third of the pin came out with the forceps. The next day an X-ray picture was taken and the pin was seen in the left main bronchus, with the clamp in and the pin out, apparently sticking in the mucous membrane. The next day the 5 mm. bronchoscope was passed under chloroform anesthesia. Though atropin had been given, the mucous secretion was excessive. After much mopping the clasp of the pin came into view. When forceps were introduced to grasp it a sudden paroxysm of coughing displaced it and the most careful search failed to find it. As the patient had been under anesthesia some time, it was decided to wait a week before making another attempt at removal. A second X-ray picture showed the pin further down in the bronchus. At the second attempt the patient took the anesthetic badly, so that, though the pin was seen, the bronchoscope had to be hastily withdrawn. Because of the great quantity of secretion at previous attempts and trouble with the anesthetic, it was thought best to do a tracheotomy and to try to remove the pin through the wound. This was accordingly done, but no attempt at removal was made at this operation. The patient was allowed to rest a week, and another X-ray picture made, which showed that the pin was steadily traveling downward. When preparations were made for

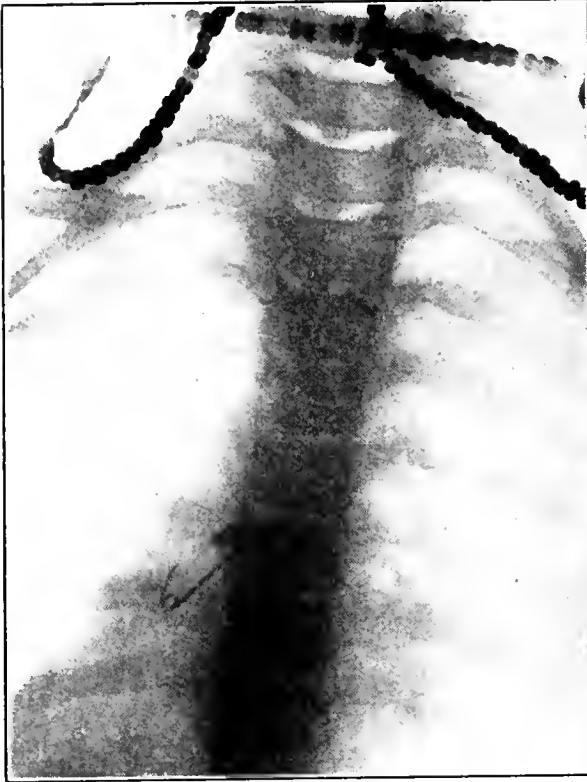


FIG. I.—First resting place of pin.

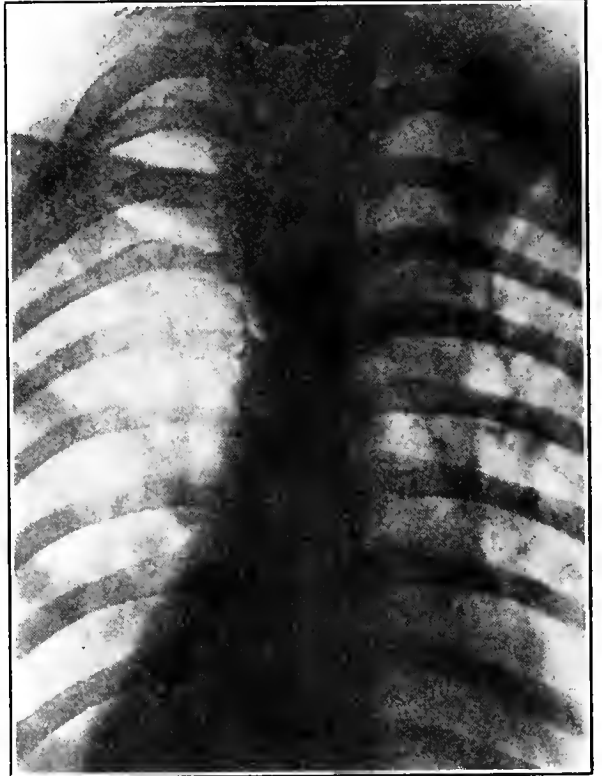


FIG. III.—View of pin in terminal bronchus.

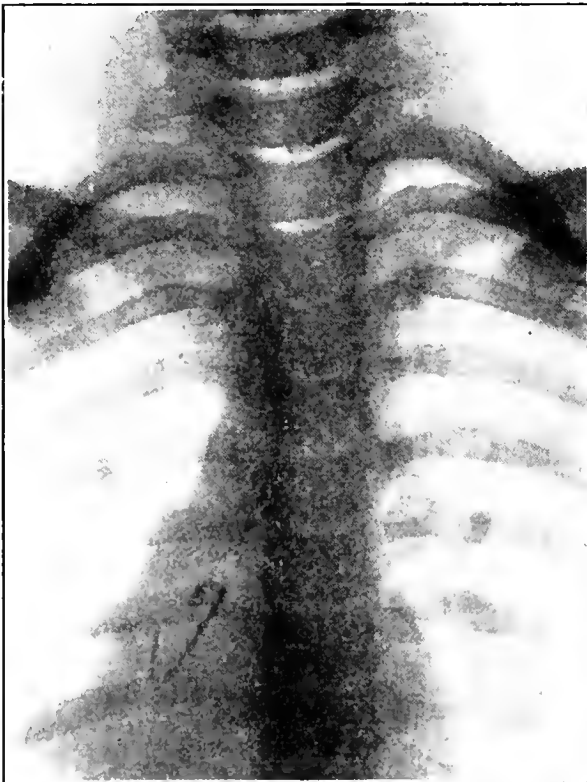


FIG. II.—Second resting place of pin.



FIG. IV.—View of pin taken from side.

what was hoped would be the final operation the pin lay between the eighth and tenth interspaces on the left side near the midline, with the pin behind. It had thus turned 90 degrees in passing from the main to the terminal bronchus. At the last operation just enough chloroform was administered through the tracheotomy wound to keep the patient reasonably quiet. Jackson's 5 mm. tracheoscope was passed through the wound and pushed rapidly down into the left bronchus until the terminal bronchi were seen. At first the pin did not come into view. Careful examination revealed a closed terminal bronchus near the midline, caused by swelling of the mucous membrane. Attention was directed to this bronchus. A sudden cough opened it up and revealed the clasp of the pin. Jackson's forceps were passed through the tube, the bronchus carefully dilated, the pin seized, and pin, forceps and tube withdrawn. The pin was deposited on a table, and when it was picked up a moment later it broke off at the coil. The little patient made a good recovery. The successive steps of the pin's travels are shown by the X-ray pictures. In the first picture the pin is seen in the seventh space; in the second it has passed down to the eighth space; in the third it has reached its final resting place in the ninth space in the terminal bronchus. That it would have worked its way still farther down, where it would probably have been impossible of removal, is certain. The death of the patient would have followed.

807 N. Charles street.

SURGICAL PHYSIOLOGY OF THE CIRCULATION AND RESPIRATION.*

By M. J. EGAN, JR., Class of '15.

The heart muscle, the most important functional muscle of the body, possesses many characteristics which, from a surgical standpoint, are of great importance.

In the first place, it shows notable differences in its response to trauma of various kinds, as direct manipulation of the organ in one individual may have but slight effect, whereas in another it may cause irregularity and even inhibition. The direct trauma of the heart in the solar plexus blow may not be serious, and again it may cause death by mechanical inhibition, not reflex inhibition.

No drug will protect the heart against such alterations due to mechanical manipulation or trauma, not even anesthetics, and hence the importance of prevention of these things or in minimizing them as far as possible in operations on and about the heart.

Now, a heart the muscle of which is damaged by acute or chronic diseases, age, etc., is naturally more susceptible to alteration as result of trauma, and therefore the better surgical risk of the young adult heart.

While at this point it may be well to mention something of the difference in the gravity of a collapse due to reflex inhibition of the heart by an electric current and the inhibition that results from the passage of the current directly through the heart muscle. In that due to the former resuscitation may be accomplished by prompt rhythm pressure upon the thorax over the heart, which produces artificial circulation and respiration; in that due to the latter, however, resuscitation is impossible.

As far as the heart itself is concerned in general surgical practice there are two things which demand special attention, viz., acute dilatation and paralysis. Before touching briefly on these two things, there are two important facts which must be borne in mind:

1st. That the work done by the heart is in geometric ratio to the blood pressure in the large various trunks, and hence the amount of blood entering it, i. e., if twice as much blood enters the heart it has four times as much work to do, and so on.

2d. That the heart is functionally impaired immediately on diminution of the coronary blood supply to its own muscle.

Application of these principles.

1st. Take a case where the intrapulmonary pressure is rapidly increased, giving the heart no time to compensate, as in positive ventilation of the lung by artificial respiration with a pulmotor. There is caused a rapid accumulation of venous blood on the right side of the heart, with the enormously increased work, and an inability to empty itself efficiently, and in addition a lowered nutrition of the heart muscle. The result may be a fatal paralysis or acute dilatation.

2d. Take a case of acute hemorrhage, where, in addition to the diminished flow of blood through the systemic arteries there is a diminished flow through the coronaries, thereby impairing the

*Presented before the Randolph Winslow Surgical Society.

function of the heart muscle. Now, suppose that with the heart in this state we would suddenly increase its work by a rapid intravenous infusion, we would naturally see that in the presence of weakness the heart is liable to an acute dilatation or paralysis causing death.

The anesthetic itself may impair the heart to such an extent as to lead to acute dilatation, recognized by the extensive venous congestion, lividity and collapse of the pulse. Treatment of such cardiac collapse is—

- 1st. Remove the cause.
- 2d. Venesection may give immediate relief.
- 3d. Place patient in an inclined position, with feet down, so the blood will gravitate below the diaphragm.
- 4th. After this is all done, give cardiac massage by rhythmic pressure over the thorax and maintain artificial respiration.

It will be seen the importance of promptly differentiating between the collapse due to cerebral anemia and that due to cardiac dilatation as the best treatment for the former (inclined position, with head down) is the worst treatment for the latter.

From what has been said it will be seen that in every operation and anesthesia it is very essential that we take as accurate stock as possible of the cardiac reserve force (disease and senility being especially considered), so we can so control any operative effect that it will fall within the margin of safety. This margin may be considerably widened by a preliminary treatment with digitalis or strophanthus.

When any operation is directed toward the heart itself, approach it slowly and gradually, allowing it time to recover from slight manipulation, and in this way it will eventually tolerate much trauma, remembering always that the heart is always disturbed in its function most by sudden changes in blood pressure and sudden application of trauma or mechanical manipulation. So much for the heart.

Now let us pass to the consideration of the vasomotor system, which, as far as the influence of general surgery on the physiology of the circulation is concerned, demands even more attention than the heart, for the causes of surgical death arise far more frequently from this than from the heart.

The blood pressure is mainly controlled by the vasomotor center acting on the peripheral vessels,

and when this tonic control is interfered with, as in paralysis or depression from operative or accidental trauma, from toxins of infection, from lowered blood pressure in hemorrhage, etc., we have the condition known as surgical shock.

It is the vasomotor center that regulates the compensating (action) phenomena of the increasing of the blood pressure in one place to counterbalance a lowering in another, e. g., the interrelation between the splanchnic area and the brain, as when intracranial tension is increased by a hemorrhage, abscess, etc., threatening an anemia of the vasomotor center, impulses are sent from this center to the splanchnic area, causing constriction here and rise of blood pressure, thus re-establishing the circulation required for this and other centers in order that they may continue their normal functions.

This center is also affected in the acute infectious diseases, and in those which interest the surgeon most (pyogenic infections) the blood pressure is raised in the beginning, because the vasomotor center is stimulated. Typhoid toxins depress the center, and in typhoid we have an opportunity at times to witness a combination of the two actions, e. g., when perforation takes place, introducing a pyogenic infection, there is sometimes early an increase in the blood pressure.

Now we go on to another important phase of surgical physiology, that of respiration.

The diaphragm is the most important and the only typical muscle of respiration, the accessory muscles having other functions to perform.

If the respiratory center is being gradually overcome by an anesthetic, the muscles of the neck and shoulder, being more voluntary, are affected first; then the abdominal muscles, and finally the diaphragm. Therefore, paralysis of the accessory muscles is a sign of excessive anesthesia which must be heeded.

Operations in certain regions modify the respiration, as the noisy inspiration caused by stretching the sphincter ani, by contact with the sigmoid and rectum in operations on the pelvis, also the noisy expiration often seen in operations in upper part of the abdomen. Contact with the peritoneum may cause an expiratory phase so severe as to amount to an expulsive action causing protrusion of the intestines through the wound. The more force exerted in endeavoring to replace these intestines the greater the expiratory expulsive action, whereas if they are handled gently,

they will be correspondingly more easily replaced into the abdominal cavity.

Manipulation of nerve trunks in most parts causes increased respiratory action. Respiratory inhibitions may also occur, e. g., in those areas supplied by the laryngeal nerves. Too great traction on the tongue, swabbing out of the pharynx, pressure on the larynx or even gentle manipulation of the laryngeal mucosa may cause temporary inhibition of the respiration or heart.

In those conditions where the accessory respiratory muscles are necessary for maintaining respiration and life anesthesia is absolutely contraindicated, because these muscles, being voluntary, are just as easily paralyzed by the anesthetic as the other voluntary muscles of the body, and would lead to immediate death.

Also the respiratory center is easily paralyzed when it is subject to increased pressure, and hence we have to be extremely careful when operating on the skull for hemorrhage, abscess, etc., and often have to use local anesthesia until the cranium is opened and the pressure relieved, when general anesthesia may then be begun with comparative safety.

Two other things of (importance) interest physiologically are the diaphragm inhibition in gallstone colic and the increased respiratory movement in peritonitis. The first is explained by the fact that the afferent nerves of the gall bladder carry their impulses to the segment of the cord adjoining the phrenics, transferring them to the phrenics. The second phenomena is due to the inhibition of the abdominal respiratory muscles, thus diminishing the excursion of the diaphragm and lower ribs, which, in turn, diminishes the area of functioning lung.

Now, in conclusion, it may be well to know that it is easier to re-establish the rhythmic action of the heart than to resuscitate the vasomotor or respiratory centers, and that the respiratory can be revived more easily than the vasomotor.

The heart itself has been resuscitated at long periods after it has ceased beating, and this is accomplished only when oxygenated blood is circulated through the coronary vessels at a pressure of 30 mm. of Hg. or more.

Therefore, the first thing to be done is to establish such a circulation through the coronary vessels, which is accomplished in the following manner:

Intravenous infusion.

Massage of heart over thorax. These two things alone would not be effective, because the vascular tone is lost and the periphery relaxed, thereby making it very difficult to establish the required blood pressure. As the peripheral resistance is lacking, we should endeavor to raise it. This is done by administration of adrenalin, preferably in the infusion, so that it will be uniformly and more rapidly distributed throughout the body. There is an increase in peripheral resistance producing increase in blood pressure, and in none of the arteries more so than the coronary. When the 30 mm. is reached the heart begins rhythmic contractions. Massage favors the circulation up to this point, but should now be withheld, and the circulation favored by gravity, by placing patient in head-down position and bandaging the lower extremities and abdomen. When the vasomotor center has received a sufficient circulation under a given pressure it will resume its normal action, and about this time the respiratory center begins to act, shown by faint inspiratory action, gradually increasing in strength until the normal respiratory rhythm appears.

During this process of resuscitation we must keep a careful watch on the cardiac action, as the weakened muscle may not be able to cope with the sudden increase in the blood pressure and signs of acute dilatation or paralysis may ensue, when we would have to inaugurate the treatment heretofore described.

TONSILLECTOMY DURING ACUTE ENDOCARDITIS.*†

By W. G. HARRISON, M.D., Class of 1892,
Birmingham, Ala.

In 1900 Dr. Abraham of New York presented to the Alabama State Medical Association a most interesting paper entitled, "Acute Tonsillar Diseases and Their Sequelae." He mentions that in 1866 Trousseau was the first to suggest the casual relationship of acute tonsillitis to rheumatic fever. He refers to the *British Medical Journal*, 1906, where Wade reports several cases of rheumatism following the first attack of tonsillitis, and also states that Wagner in 1895 reports two cases in which the same organism found in the diseased

*Read before the Jefferson County (Alabama) Medical Society, March 16, 1914.

†Reprinted from the *Southern Medical Journal*, January, 1914.

tonsils was subsequently isolated from the knee joint and urine of patients with rheumatism. Subsequent to the literature quoted in Abraham's paper various other authors have made exhaustive studies of the relationship between tonsillar diseases and acute rheumatic fever.

In *Medical News*, page 44, of June, 1887, Haig-Brown (Tonsillitis-Adolescence) reports 345 cases of tonsillitis, in 43 of which a cardiac murmur developed, 8 cases terminating in chronic diseases. Ten had physical signs of mitral regurgitation, which disappeared. In the article on acute endocarditis in *Modern Medicine*, Vol. 4, page 143, Osler says that the tonsils are probably the portals of entry for the micro-organisms of the not infrequent cases of endocarditis without recognizable cause.

In 1899 Wassermann and associates experimented with germs removed from a fatal case of rheumatism and produced arthritis with characteristic rheumatic lesions in over 80 rabbits.

In 1900, Paine and Poynton, of England, first published a thorough study on eight or ten cases of acute rheumatism, from which they isolated their "diplococcus rheumaticus," which produced the characteristic changes of rheumatism in the joints of various animals.

About 1909 Davis of Chicago examined the diseased tonsils removed from 45 patients, and in nearly every instance found streptococci in the cryptal debris. He studied the virulence of these organisms by injection into rabbits. Arthritis developed in all cases, and in several there were definite heart lesions. In the *Journal of Infectious Diseases*, Vol. 10, page 148, last year Davis reports a bacteriological examination of extirpated tonsils of 113 cases, and mentions that the tonsils were removed from cases of joint disease, heart disease and nephritis. Under the head of endocarditis he says:

"There were 10 cases of endocarditis, nearly all of which were at the time suffering from arthritis or gave a history of having had it in the past. They were not, as a rule, severe, except in two, which were malignant in character. Hemolytic streptococci were found in six cases, and predominated. In the remaining cases were large numbers of pneumococci, and in two cases these organisms were nearly pure. In one case of fatal malignant endocarditis, with pneumococci in the blood and in the pleural and pericardial sacs, the tonsils were only slightly enlarged, but near the

base they were very fibrous and contained deeply-seated pockets filled with pus cells and diplococci."

Rosenow, by blood culture, isolated an organism which he believed to be a modified pneumococcus, and by intravenous injection he was able to produce endocarditis in a number of animals. The organism described by Rosenow has all the characteristics of the diplococcus organism isolated by Davis from tonsillar disease. Davis, after elaborating his experimental work, states that perhaps the therapeutic results of tonsillectomy furnish the best argument we have so far in favor of the idea that infected tonsils bear some casual relationship to arthritis, renal and cardiac conditions.

Some years ago Gurich of Munich reported in the *Münchener Medizinische Wochenschrift* 125 cases of rheumatism treated by tonsillectomy, with great benefit to 98 cases. He was unable to follow 15 out of the other 27. One of his collaborators reported a careful review of 70 cases of acute rheumatism where the tonsils were removed with marked improvement.

In 1908 Rosenheim, in the *Johns Hopkins Bulletin*, reviewed the literature and reported from the Johns Hopkins clinic a number of cases of rheumatic fever relieved by tonsillectomy.

Mitchell of Cincinnati, in the *Archives of Pediatrics*, Vol. 20, reports cases of tonsillitis followed by appendicitis, nephritis and acute endocarditis.

In the *American Journal of Medical Science*, 1900, Packard has reported five cases of endocarditis following attacks of tonsillitis.

Wiseman, in 1912, in the *New York State Medical Journal*, under "Cardiac Sequelae of Tonsillar Infection," mentions 25 cases of tonsillitis followed by cardiac lesions. In seven other cases slight cardiac disturbances were present. He reports a number of cases showing the improvement after tonsillectomy. Referring to one of these patients, he says:

"Here we have the picture of a slight throat inflammation, hardly severe enough to be dignified by the term tonsillitis, followed by signs of cardiac mischief and fever lasting many months. On the contrary, the second attack of tonsillitis, which was accompanied by severe symptoms and high temperature, seemed to have no deleterious effect upon the heart or other organs. It seems as if the fury of the infection has spent itself upon the tonsils, exciting a severe inflammatory reaction, which was sufficient to prevent the organisms from penetrating farther."

I may say that this is in line, I agree, with the

conclusions of many other observers with reference to the complications in general following tonsillitis. The worst cases of arthritis seem to follow the milder cases of tonsillar disease. In no case of a violent tonsillitis with temperature above $103\frac{1}{2}$ have I noted any subsequent joint complications, though I have records of some 35 or 40 cases of joint or cardiac inflammation following the milder cases of tonsillitis.

Higgs, of Portland, Ore., writing in the *North-west Medical Journal*, Vol. 3, page 316, on "The Relation Between Diseased Tonsils, Rheumatic Fever and Heart Disease," refers to the work of Rochinot of Munich, who reports an epidemic in a German hospital following the admission of a patient suffering with follicular tonsillitis. From this patient 17 others and a nurse developed tonsillitis. Of the 18 cases, three had acute nephritis, one endocarditis, one pericarditis, and one acute myocarditis.

From this very brief reference to the literature one is impressed that *mild tonsillitis* is a much more serious disease than is generally recognized. This is especially true with reference to cardiac complications. Kretz of Germany, Morse of Boston, Loeb of St. Louis, Todd of Minneapolis, Billings of Chicago, Thayer and Hunner of Baltimore, and others, have stressed its importance in extra cardiac conditions. About 1911 I first seriously debated the wisdom of tonsillectomy on a case of acute endocarditis. It seemed a serious departure from the usual custom, but I argued if the patient could survive the anesthetic and the operation, then his chances of recovery were largely augmented, as the tonsillectomy would remove the chief depot and incubator of his infection. During the past three years I have operated on six of these cases, which will now be reported. I quote largely from notes given by the physicians with whom I saw the cases in consultation. It might be mentioned that in each of the first four cases the tonsillar crypts were first carefully cleansed by daily syringing with a 10 to 50 per cent. solution of alcohol, in the effort to remove as far as possible the septic debris, thereby building up the patient's general vitality prior to the operation.

If one could empty every crypt this would afford temporary relief and assist in conserving nature's constructive forces, but unfortunately we cannot feel sure in any case of finding every focus of poison.

Case 1—C. D., w. m., age 14, first seen in March, 1911, has had repeated attacks of tonsillitis and arthritis, and a year ago was confined to bed for three months because of a bad heart. Seen in consultation with Dr. Ward, from whose notes this report is quoted.

"Physical examination: Frail, anemic boy, heart much enlarged. Loud systolic mummur over greater portion of chest. Pulse, 100-120; temperature, 100-102. Patient put to bed and large doses of salicylates administered." During this time the tonsil crypts were carefully treated and every effort made to put his throat in the best possible condition. To quote again from Dr. Ward's notes:

"He was kept in bed $2\frac{1}{2}$ months with some improvement, occasional relapses associated with recurring mild attacks of tonsillitis. June 15 his tonsils were removed under ether anesthesia. There was a definite increase of the cardiac dilatation during the administration of anesthesia and performance of the operation. Following the operation there was immediate and rapid improvement. The enlarged heart gradually approached its normal condition and size. The pulse came down to 70 or 80, the murmur continuing. By October the patient was able to enter school, and in a few weeks was playing ball and appeared in splendid health. This improvement continued for two years, when he went down with a definite attack of rheumatism, and within a month his heart seemed to be in worse condition than ever. From November 13, 1913, to March 5, 1914, he had a stormy time, recurring attacks of arthritis and several strokes of apoplexy and probably emboli. There were aphasia and coma with the right-sided strokes. These attacks would completely clear up. The kidneys functionated perfectly during the entire time. Finally on March 5 there was a more violent stroke of apoplexy, and he died in coma."

I might mention that several years before I first saw this boy his tonsils had been cut off, but no effort had been made to remove them entirely. Had the complete operation of tonsillectomy been performed at that time possibly the patient would never have suffered such serious heart impairment. No reflection, however, is intended on the operator, because the complete operation of tonsillectomy had not been perfected, nor was it deemed desirable.

Case 2—M. H., w. f., age 14, consulted me February 29, 1912, for examination of eyes to relieve headache. Has been having rheumatism more or less for the past two years, and loses from two to three days from school each week because of joint pain and precordial discomfort. She has had several attacks of rheumatism since 1910, beginning with sciatica on the right side lasting six weeks. For the past two months has been unable to use left hand much of the time. She has had four to five attacks of acute tonsillitis annually for the last three years. During these attacks the temperature rarely gets above $100\frac{1}{2}$ or 101, and the throat is sore for about a week. Pain over the heart began July, 1911, and has been present since that time. Pain is aggravated by efforts to lift or carry any weight, and is particularly severe on going up stairs or walking rapidly. At this time there was no murmur. The P. M. I. just outside of the nipple line. The pulse 110-120, with temperature $99\frac{1}{2}$. The patient was advised to remain in bed under supervision of her family physician, Dr. Rosemond, for a while. After the temperature had been normal for a week and the pulse below 100 she visited my office and I cleaned out the crypts as best I could. Her general condition improved somewhat, but about May 1 she had a return of fever, with increase of precordial pain, and on May 7 she entered a hospital and the tonsils were removed under anesthesia administered by Dr. Rosemond. The left tonsil was fairly clean, but there was a deep-seated pocket of pus in the right that had been overlooked in the efforts to cleanse the tonsils by above-mentioned treatment. After a week she had no further return of fever, and has had no definite arthritis since the operation. She still has occasional muscular pain, and on exertion some precordial soreness. Her general health has improved in every way, and she has gained some 25 pounds, and she is able to attend school without loss of time.

Case 3—"W. A. N., age 19, student, was first examined by me in May, 1912." (Quoting Dr. Peters): "The patient's personal history is negative with the exception of an attack of typhoid fever eight years ago and frequent attacks of tonsillitis. He has always been athletically inclined, and for several years has taken part in football matches. The patient complains of a frequently recurring sharp pain in the precordium. At times there is a sensation of oppression accom-

panying this pain. At others he feels as though he was about to faint. Dyspnea and palpitation are easily excited by climbing stairs or walking up hill. There is occasional vertigo and frequent temporal headaches. The patient can give no exact date at which these symptoms first appeared, but it is quite certain the onset was very gradual, and started at least two years ago.

"Physical examination: The patient is a robust young adult, whose average weight is 175 pounds and height 5 feet $11\frac{1}{2}$ inches. There has been a slight failing in his weight since the onset of the symptoms described above. Examination of the mouth revealed the presence of Riggs disease of the gums and chronically infected and enlarged tonsils. The vessels of the neck pulsated forcibly. The violent action of the heart was evident over the entire precordium. There was a marked systolic thrill just above the sternal end of the right clavicle. No other thrills present. The pulse was full and strong, and somewhat irregular. The heart was markedly enlarged, the apex being easily palpable in the sixth interspace just inside of anterior-axillary line. At the second right costal cartilage there was a soft, blowing, systolic murmur transmitted to the base of the heart. The second sound at this point was short and rough. Above the clavicle near the point where the thrill was palpable there was heard apparently the same systolic murmur which we have just described. At the fourth left costal cartilage there was a systolic murmur of the same character as that described above and a short, rough, diastolic murmur. At the apex in the sixth interspace there was a loud systolic murmur transmitted into the axilla. The blood pressure was 140 systolic and 85 diastolic. With the exception of a small mucous rale here and there the lungs were negative. The liver extended two fingers' breadth below the costal margin and was somewhat tender. The spleen was palpable. The temperature was normal, the hemoglobin 90 (Sahli), the white blood count 7700, the urine negative. The patient was put to bed and placed upon treatment commonly pursued in these cases. During this time he had an acute attack of tonsillitis, which excited a distinct increase in the severity of the heart symptoms. The throat was treated by local applications, and in a few days began to improve. From this time on he grew progressively better. In six weeks he was up and about again, feeling better than he had in many months. There was still an

occasional return of the pain in the precordium, although nothing like so severe as before. The dyspnea and palpitation were scarcely noticeable. While the throat exhibited no evidence of inflammation, every now and then he complained of a distinct sensation of soreness or dryness. Dr. Harrison was first asked to see him June 11, 1912. On his advice the tonsils were treated palliatively for some time and not removed until September, 1912. While up to the time the tonsils were removed the patient had been gaining steadily and the physical signs growing less well marked, the course of the symptoms after the tonsillectomy showed a more rapid improvement than before. The patient himself remarked on this, independent of my observation. At the present time the patient is doing light work around the office of a lumber camp. The precordial pain has entirely disappeared and palpitation and dyspnea are evident only when he forgets himself and either runs or does some heavy lifting. The last examination of the patient, made several months ago, showed the apex beat of the heart just outside of the nipple line and the force of the heart's action not materially increased. The thrill above the clavicle had disappeared, the systolic murmur at the second right costal cartilage could scarcely be heard, but the diastolic sound at this point was distinctly accentuated. Of the murmurs previously found at the base of the heart only the diastolic remained, and that not well marked. The systolic murmur originally heard at the apex was still to be found, but not so loud. The blood pressure was 135 systolic, hemoglobin 95 (Sahli)."

One may question whether this case should not properly be classed as chronic rather than acute endocarditis. I think Dr. Peters regarded it as a chronic endocarditis with frequent acute exacerbations during the last of which he underwent the operation.

Case 4—Quoting Dr. Lull: "Archie W., age 15, was seen by me December 18, 1912 in an acute attack of rheumatic fever which followed closely a mild attack of tonsillitis. On examination his throat and tonsils were slightly reddened, temperature 100, pulse 90. The original attack of tonsillitis was two weeks before. At this time, December 18, he was suffering with pains in various joints, but especially the wrists and ankles were swollen and feverish. There was already a slight mitral insufficiency. With absolute rest in bed and usual anti-rheumatics, aspirin, salicylates and

alkalies, the arthritis improved somewhat, but the heart condition grew worse.

"January 2, 1913, two weeks later: The heart has continued moderately enlarged, with a loud, blowing, systolic murmur, and the patient suffers some from dyspnea even on turning or raising himself in bed. From this time on the patient was kept strictly quiet, having a nurse constantly caring for him. His general condition improved somewhat, but the heart enlargement and character of the murmur were unchanged at the time of operation, February 1, 1912."

I might say there was nothing unusual attending the operation. Because of the rapid heart action and precordial pain on movements in bed, we had felt some anxiety about the ether. Dr. Lull kept a stethoscope on the heart a part of the time, and noted no change in the murmur and but little acceleration of the rate. As in Case 1, there was a large pocket of pus or debris in one tonsil which we had overlooked or been unable to reach in the preoperative treatment.

After-history: "This boy's heart has shown marked improvement. Had a small, round-celled sarcoma of left humerus removed about six months ago. Took gas and oxygen. Present health is good, though tires easily from exertion. Has had no rheumatic trouble since his tonsillectomy."

Case 5—Quoting Dr. Lull: "J. W., w. m., age 25, was seen first June 21, 1913, giving a history of repeated attacks of tonsillitis followed by acute arthritis affecting the ankles and knees and wrists of both sides. The patient had improved somewhat while under treatment in the West, but two weeks before seemed to suffer a relapse and was then practically bedridden on account of the arthritis. Examination showed swelling and tenderness of both wrists and ankles. Temperature 100-101, pulse 80-90. The heart was slightly hypertrophied and showed a moderate grade of mitral regurgitation. The tonsils were enlarged, but not actually inflamed. Examination otherwise negative. Case referred to Dr. W. G. Harrison."

Party given gas followed by ether. Nothing unusual at time of operation except rather full venous oozing, patient losing one or two ounces of blood. Each tonsil showed a rather extensive cryptal retention of white cells and exfoliated epithelium—a veritable incubator for pathogenic bacteria.

March 10. "Marked improvement in general

condition. Patient married a few weeks later and was well and happy at last report." (Lull.)

Case 6—Quoting Dr. McLester: "On December 1 I was asked to see Miss P., a nurse, who had a temperature of 103, tonsillitis, and indefinite pains in her joints. These symptoms subsided within a few days, and she was permitted to get out of bed. Five days later I again saw her, at which time she showed a marked arthritis in the right ankle, accompanied by considerable fever. After a few day's rest in bed the arthritis subsided. At this time a definite systolic murmur, heard best at the apex, appeared. During the next four weeks frequent exacerbations of the arthritis were seen, and she maintained a slight but constant elevation of temperature. It was deemed advisable to remove the tonsils, because evidently they were the source of the infection. After removal of the tonsils the arthritis and pyrexia disappeared."

"Prior to operation pulse was about 110-120, but increased above 170 at time of operation, and it remained fast and weak, though regular for a time. After about 10 days it got much stronger, and after three weeks the rate remained under 100. In this case the crypts had not been properly treated, and at time of operation they were much distended, with foul, cheesy debris."

From the literature above mentioned and the cases detailed it would seem the following conclusions are justified:

1. Rheumatism or acute rheumatic fever, with its frequent complications of endocarditis, pericarditis, chorea, etc., is often the result of acute cryptal tonsillitis.
2. The milder attacks of tonsillitis with lower temperature and transient sore throat are more apt to be followed by the arthritis than are the severe attacks of tonsillitis.
3. It is often wiser to perform tonsillectomy during an acute attack of endocarditis and remove the source of infection than delay with the hope of operating after the acute attack has subsided.
4. One can sometimes cleanse the tonsil crypts by local applications and syringing with antiseptic solutions, but in spite of the most assiduous care it will sometimes be impossible to find every focus.
5. Question of vaccine. The writer believes that cultures should be made from the tonsil in all cases of joint or heart involvement and properly preserved, from which vaccines could be

made and the patient properly treated with these in cases where the fever and other signs of infection do not disappear within a reasonable time after the operation.

SPRUE OR CHRONIC DIARRHEA OF THE HOT COUNTRIES.

By A. K. MOILLIET, M.D., B. M. C.,
Class of 1909.

Having read with much interest in the February number of this journal the report of the fatal case of diarrhea by Dr. Craige, it may not be out of place to describe some of the features of the curious form of chronic entero-colitis known as sprue.

While this disease has, I believe, only been reported from India, Ceylon, China, Japan and the West Indies, it is highly probable that it is much more widely spread in the New World. Chronic diarrhea of the same character is common in Central America and Southern Mexico. I remember, about six months ago in the Charity Hospital of New Orleans, Dr. Custis pointing out the similarities of a case he had in his ward with sprue and making a provisional diagnosis of this disease.

The following are perhaps the chief characteristics:

- (1) No specific agent constant, though various organisms, including the ameba coli, have been incriminated.
- (2) Insidious onset, with dyspeptic symptoms, very gradually becoming worse, distention of abdomen after meals, belching, with occasional nausea and vomiting.
- (3) Stools soft, abundant and bilious, becoming later on frothy and lienteric, without containing blood, occurring especially in the early morning (*Selle réveille Matin* of Dantec). Their passage is accompanied with a sense of relief, there being no tenesmus nor pain.
- (4) Atrophy of the liver, often not marked.
- (5) Tongue at first white and coated, associated with a bitter taste in the mouth. Later on pain is felt and small, slightly raised red spots appear at first round the edge and at the point of the tongue, which later become confluent. Ulcers often form near the last molar teeth (*Crombie's ulcers*). Speech and deglutition become painful

and difficult, the urine diminishes, profound anemia, with earthy-colored facies, and melancholia appears, and the patient ultimately dies from cachexia or some other intercurrent disease, notably tuberculosis.

A remarkable feature is the periodic improvement, with or without treatment. Sometimes constipation lasting for weeks may appear, but usually the stools during the periods of temporary improvement are still somewhat lienteric. (Jeauseline and Rist.)

It is curious to note that in some countries, such as the Malay Archipelago, the mouth symptoms predominate (Thin), while in others, as the West Indies, diarrhea is the only symptom for years, and the aphtha only appear toward the end of the disease (Manson).

Here on the Isthmus of Tehuantepec lienteric diarrhea is often associated with the presence of trichocephalus. Not infrequently we can find no cause for it after a most thorough examination of the stools. In the hill country of Puebla, in Southern Mexico, lienteric diarrhea is extremely common, and in my experience frequently fatal.

The diagnostic points between sprue and dysentery are briefly as follows:

<i>Sprue.</i>	<i>Amebic Dysentery.</i>
Longer duration.	Less so.
Ameba absent.	Ameba present.
Stools in early morning especially.	Any time.
Frothy lienteric.	Slimy.
Without blood.	With blood.
Accompanied by sense of relief.	With tenesmus.
Mouth and tongue affected.	Not necessarily.
No pain or palpitation of abdomen.	Pain over colon.
No fever.	Slight.
No hepatic abscess.	Tendency to liver abscess.

In conclusion, I feel I should apologize for taking up so much space in describing a disease as well known as sprue, but it occurred to me as being the possible explanation of some of the obscurer forms of chronic diarrhea in the Southern United States.

Minatitlan, Vera Cruz.

Dr. Bernard Levinson, class of 1908, who is located at 116 Grand street, Newburgh, N. Y., writes us as follows:

"April 28, 1915.

"Editor Hospital Bulletin:

"Dear Doctor—Upon close scrutiny of the State Board number of the *Journal of the A. M. A.* I am pleased to learn of the excellent showing Old Maryland has made at the various examinations. My heart swells with pride to see the University of Maryland rank high in class 'A.'

"To the prospective medical student, however, a drawback confronts him in the form of non-recognition by several of the States—at a critical time, when his life's work fairly hangs in the balance. To avoid such pitfalls, I sincerely hope (and I know I voice the sentiment of many an alumnus) the University of Maryland raises its requirements to conform to the higher standards of today, so that no graduate be barred from any licensing examination, be it North, South, East or West. May that day arrive soon!

"I am enclosing a check covering subscription to THE BULLETIN.

"As you will note from the above, I have moved from Jersey to Newburgh, N. Y. I have taken over the practice of a retiring physician who has been here many years. Send all communications to the above address.

"With due respects, I am

"BERNARD LEVINSON, M.D."

"Class of 1908."

Dr. Levinson was formerly at 612 W. Front street, Plainfield, N. J.

Dr. Clifford T. W. Sappington, class of 1903, who was commissioned four years ago by President Taft as first lieutenant in the Medical Reserve Corps, United States Army, has been called to active service by Surgeon-General William C. Gorgas. Dr. Sappington has been in practice at Frederick, Md., and is a member of the County Medical Society. He left recently for Galveston, Tex., where he will be stationed.

Dr. Gordon Wilson, professor of medicine at the University, and Mrs. Wilson, who have been spending some time in the far South, have returned to their home.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, MAY 15, 1915.

THE 117TH ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The annual meeting of the State Faculty was held at the Faculty Building on April 27, 28 and 29, 1915, under the presidency of Dr. J. W. Humrichouse of Hagerstown, class of 1873. Dr. Humrichouse's address was retrospective in character, and told of the achievements of the Faculty and of the constructive work done for the public and for the profession. A very pleasant incident of the meeting was the presentation of a splendid portrait of the late Prof. William Travis Howard, M.D., LL.D., to the Faculty by his widow. This portrait is by Corner, the distinguished artist of this city, and is a life-size and life-like reproduction of Dr. Howard. He is depicted sitting in an easy chair, with an intent look upon his face, and one can easily imagine that he is saying, "Gentlemen, what we want is facts; bald-headed, bare-faced facts."

Instructive addresses were made by Dr. R. W. Lovett of Boston on "Infantile Paralysis"; "The Treatment of Pollinosis, or Hay-fever," by Dr. S. Oppenheimer of New York, and "Marine Hospital Methods of Stamping Out Disease," by Dr. J. J. Lumsden of the Public Health Service.

The teachers and graduates of the University of Maryland took an active part in the scientific proceedings of the session. Several papers giving the results of original investigations were read, notably one by Dr. A. J. Underhill on "Blood Urea in Renal Diseases," based on an enormous amount of laboratory work done in the University Hospital, and one by Prof. Ernest Zueblin on the "Treatment of Dilated Hearts by Radiotherapy," in which he claims immediate and

permanent reduction in the size of dilated hearts by the application of electrical current. Dr. Albert H. Carroll detailed his experiences in fractional gastric analysis in gall-stone disease. Other excellent papers were by Dr. E. H. Kroman, on Cæsarian section; Dr. R. P. Bay, on thyroid surgery; recent experiences in spinal surgery, by Prof. R. Tunstall Taylor; obstruction of the choanae, by Prof. John R. Winslow, and some foreign body cases of the bronchi, removed by means of bronchoscopy, by Dr. R. H. Johnston.

The last evening was devoted to social entertaining of the country members and their wives, and was a great success. Dancing was indulged in until a late hour, and it was felt that a pleasant and beneficial innovation had been made.

The incoming president is Dr. John Whitridge Williams, class of 1888, professor of obstetrics at Johns Hopkins Medical School.

STATE BOARD STATISTICS FOR 1914.

The results of the State Board examinations for 1914 have just been published in the report of the Council on Medical Education of the A. M. A. The record of the University of Maryland for the year is very gratifying to the teachers and alumni of the Medical School. One hundred and four graduates of all years took examinations, of whom 96 passed and 8 failed—7.7 per cent. These were examined in 21 different States, the percentage of failures in Maryland being 10.4, and of a larger number of candidates in the other States, only 4.1 per cent. failed; hence it cannot be said that we were favored by our own board. The graduates of 1910-14 who took examinations were 97, of whom 90 passed and 7 failed—7.2 per cent. Of the class of 1914 there were 81, of whom 77 passed and 4 failed—4.9 per cent.

While these results are gratifying, we cannot afford to relax our efforts, and we must strive to excel even this good record.

ITEMS

Today is the day of progressiveness at the University of Maryland. Hardly a day goes by without some manifestation of the passing of the old day of inertia. It is therefore with great pleasure that THE BULLETIN announces that the class of 1905, at a meeting of the local members, held March 8, 1915, in the office of Dr. Robert P. Bay, definitely decided to hold a decennial re-

union from June 22 to 24, inclusive. It is such events as these which mark the new spirit permeating the University of Maryland, and THE BULLETIN voices the sentiment that each and every class which has left or will leave its portals should do likewise. Certainly it should be a pleasure to old classmates after a period of labor and competition with the world to come back to their Alma Mater and relate how the world has treated them.

Nothing can add more incentive to better efforts than talks with one's classmates. Surely you, Arthur Bascom Croom, will be glad to see and talk with your old roommate, and so will you, John Martin Elderice, and you, John Shaw Gibson, and all the rest of you. Perhaps it will be news to some of you that Julius Levin and George William Mahle are dead. Therefore, THE BULLETIN urges that every one of the class return to the reunion, so as to make it a perfect success. Remember, your presence is absolutely desired. According to the tentative program, which appears below, every minute will be devoted to profit. There will be dinners, theater parties, clinics, etc. The election of Dr. Robert L. Mitchell (president of the class) as chairman, and Dr. Robert P. Bay, secretary, assures the success of the celebration. So do not mar it one bit by your absence. The program has been outlined as follows: Clinics, smoker, dinner at the Country Club and an afternoon at one of the shore resorts. THE BULLETIN heartily endorses the reunion, and sincerely trusts that each member of the class of 1905 will make it a point to attend.

The following is a list of those who have so far expressed their intention of being present:

E. H. Adkins, Roanoke Rapids, N. C.
 C. M. Benner, Taneytown, Md.
 James S. Billingslea, Armiger, Md.
 Ira Burns, Wilmington, Del.
 J. J. Carroll, 185 Chestnut street, Holyoke, Massachusetts.
 J. E. Dwyer, Venango, Polk county, Pennsylvania.
 J. N. Elderdice, Salisbury, Md.
 J. S. Gibson, Gibson, N. C.
 M. R. Gibson, Raleigh, N. C.
 G. B. Harrison, Colonial Beach, Va.
 H. C. Irvin, Roanoke Rapids, N. C.
 H. E. Jenkins, U. S. Naval Station, Port Royal, South Carolina.
 H. L. Kneisley, Hagerstown, Md.

Eugene Kerr, Towson, Md.
 J. P. McGuire, Clarksburg, Va.
 J. S. Matthews, Spokane, Wash.
 J. P. Matheson, Charlotte, N. C.
 W. J. Riddick, U. S. Naval Hospital, Norfolk, Virginia.
 J. L. Riley, Snow Hill, Md.
 J. Holmes Smith, Jr., 163 Dryades street, New Orleans, La.
 W. H. Smithson, New Park, Pa.
 E. McQueen Salley, Saluda, N. C.
 W. E. E. Tyson, Jefferson avenue E., Detroit, Michigan.
 W. B. Warthen, Davisboro, Ga.

Appended is a list of the class of 1905, with their addresses, so far as we are able to ascertain:

Elmer Hall Adkins, Roanoke Rapids, N. C.
 Julian Warrington Ashby, Hugheston, W. Va.
 Samuel Luther Bare, Westminster, Md.
 Robert Parke Bay, The Walbert, Baltimore, Maryland.
 Chandos M. Benner, Taneytown, Md.
 James Snow Billingslea, Armiger, Md.
 Alvah Parrish Bohannon. (Unable to locate; in the State of Virginia; not in practice.)
 Baird U. Brooks, West Durham, N. C.
 Frank Burden, Paw Paw, W. Va.
 Ira Burns, Relief Department, Pennsylvania Railroad Co., Wilmington, Del.
 Roscoe C. Carnall, Waverly Mills, S. C.
 John Joseph Carroll, 185 Chestnut street, Holyoke, Mass.
 Edward Lawrence Casey, Woodstock, N. H.
 Sydenham Lawrence Clarke, 423 Hawthorn road, Roland Park, Md.
 Edward V. Copeland, Round Hill, Va.
 Arthur Bascom Croom, Maxton, N. C.
 Charles Callery Croushore, 108 W. 2d street, Greensburg, Pa.
 Frederick De Sales Chappelier, Lewes, Del.
 Seth De Blois, Newport, R. I.
 David Alphonse De Vanny, 132 E. 61st street, New York, N. Y.
 Alpheus Wood Disosway, Plymouth, N. H.
 Manuel Dueno, Anasco, Mayaguez, Porto Rico.
 James Eugene Dwyer, Venango, Polk county, Pennsylvania.
 John Martin Elderdice, Salisbury, Md.
 Oliver Justin Ellis, South Royalton, Vt.
 Harry Moore Felton, 109 Climax street, Pittsburgh, Pa.

Edwin Ferebee Fenner, Henderson, W. Va.
 William Henry Fisher, Centerville, Md.
 John Shaw Gibson, Gibson, N. C.
 Milton R. Gibson, Raleigh, N. C.
 Leo J. Goldbach, 2217 E. Pratt street, Baltimore, Md.

Vance W. Grabham, Bamberg, S. C.
 Archibald Wright Graham, Chisholm, Minn.
 William W. Hala, New York, N. Y.
 Samuel William Hammond, Lambert's Point, Norfolk, Va.

George Blight Harrison, Colonial Beach, Va.
 Henry Hiram Hodgins, Red Springs, N. C.
 Henry C. Houck, 1914 Pennsylvania avenue, Baltimore, Md.

Hamner Carson Irvin, Jr., Roanoke Rapids, North Carolina.

Brooke I. Jamison, Jr., Emmitsburg, Md.
 Francis White Janney, Wentworth Apartments, Baltimore, Md.

Harry Aquilla Jenkins, Assistant Surgeon, U. S. N., Port Royal, S. C.

Oswald Ottmar Kafer, Newbern, N. C.
 Nagib Kenawy, 11 Boulevard de Ramleh, Alexandria, Egypt.

Eugene Kerr, Towson, Md.
 Herbert L. Kneisley, Hagerstown, Md.
 William A. Knell, Augusta avenue and Frederick road, Irvington, Md.

Kalil Magib Koury. (Address unknown.)
 Edgar Brown Le Fevre, Inwood, W. Va.
 Julius Levin. (Died in Johnstown, Pa., February 12, 1912.)

George William Mahle. (Died in Baltimore, Md., February 20, 1911.)

James P. Matheson, Charlotte, N. C.
 James G. Matthews, Paulsen Building, Spokane, Wash.

George Skinner McCarty, Sandersville, Ga.
 Harry Downman McCarty, 37 W. Preston street, Baltimore, Md.

John P. McGuire, Clarksburg, W. Va.
 William Cuthbert McGuire, Huntington, W. Va.

Roscoe Conkling Metzel, 1903 W. North avenue, Baltimore, Md.

Harold Edson Miner, 51 Maple street, Holyoke, Mass.

Robert Levis Mitchell, 2112 Maryland avenue, Baltimore, Md.

William Morris Mitchell, 80 Kennedy street, Bradford, Pa.

John Albert Nice, Mt. Airy, Md.
 Oscar S. Owens, Manchester, Va.
 John W. Parker, Jr., Williamston, S. C.
 W. Arlett Parvis, Acting Assistant Surgeon, U. S. A.; at present at Socorro, N. M.

John William Pierson, 2808 E. Baltimore street, Baltimore, Md.

Daniel E. Rensburg, Cresson, Pa.
 Samuel T. R. Revell, Louisville, Ga.
 William James Riddick, Assistant Surgeon, U. S. N.; U. S. Naval Hospital, Norfolk, Va.

William Wordsworth Riha, Bayonne, N. J.
 John L. Riley, Snow Hill, Md.
 John Edgar Brooks, Haughton, La.
 Anton George Rytina, 2008 Madison avenue, Baltimore, Md.

Edgar McQueen Salley, Saluda, N. C.
 Albert Leigh Sanders, 3015 Westwood avenue, Baltimore, Md.

Stuart Baskin Sherard, Gaffney, S. C.
 John Holmes Smith, Jr., U. S. Public Health Service, 163 Dryades street, New Orleans, La.

W. Henry Smithson, Jr., New Park, Pa.
 James Albert Stone, Charlotte, N. C.
 Benjamin Franklin Tefft, Jr., Anthony, R. I.
 William E. Ellicott Tyson, 2609 E. Jefferson street, Detroit, Mich.

Frederick J. Wass, 136 E. Duvall street, Jacksonville, Fla.

William Benjamin Warthen, Davisboro, Ga.

Miss Augusta C. Russell, University Hospital Training School for Nurses, class of 1908, who has been located at 234 W. 4th street, Jacksonville, Fla., is spending some time at her home in Darlington, Md., where she will remain until the early fall.

Dr. Edward Barney Smith, class of 1907, is located at Criglersville, Madison county, Virginia. He was formerly at Meyer's Cave, Va.

At the last meeting of the Section of Ophthalmology and Otology, Baltimore City Medical Society, Dr. Edward A. Looper, class of 1912, of 37 W. Preston street, was elected secretary.

State Health Officer Dr. John S. Fulton and his staff are busy with arrangements for the thoroughgoing sanitary survey of Anne Arundel county. The survey will require several months' work by a corps of experts, and will be done

jointly by the Federal Bureau of Health and by the State Board of Health.

The Federal Bureau will probably send over six of its experts to assist in the work.

Dr. Lewis M. Allen, class of 1896, who has been located at Winchester, Va., has moved to Gaylord, Va.

Dr. James A. Hughes, class of 1909, has moved to Mt. Carmel, Pa. He was formerly located at Strong, Pa.

Dr. Josiah S. Bowen, class of 1903, of Mt. Washington, Md., has been made a member of the "Clean Up and Keep Clean" Committee of Mt. Washington.

At a meeting of the Medical and Chirurgical Faculty of Maryland, held April 29, 1915, in the Faculty Building, 1211 Cathedral street, Dr. John Whitridge Williams, class of 1888, of 1128 Cathedral street, was elected president for the ensuing year to succeed Dr. James W. Humrichouse.

Dr. Whitridge is one of the leading physicians of Baltimore. He was born in Baltimore, January 26, 1865. In 1886 he graduated from the Johns Hopkins University with the degree of A.B., and in 1888 from the University of Maryland with the degree of M.D. and University Medalist. He served as assistant in gynecology at the Johns Hopkins University from 1889-93; associate in obstetrics, 1893-96; professor of obstetrics, from 1896 to the present time, which chair he still holds; gynecologist, Union Protestant Infirmary, 1895-97. He organized the Obstetrical Department of the Johns Hopkins University and Hospital.

The selection of Dr. Whitridge as president of the faculty is the highest honor that the profession of the State can bestow upon any of its members. The University of Maryland is to be congratulated upon having one of its alumni elected to the position.

At the sessions of the one hundred and seventeenth annual meeting of the Medical and Chirurgical Faculty, which were held in Osler Hall, April 27, 28 and 29, the following members of our alumni read interesting papers or entered into discussions: Drs. J. H. Hartman, T. C. Worth-

ington, E. H. Kloman, John S. Fulton, Robert P. Bay, R. Tunstall Taylor, John R. Winslow, A. J. Underhill, Ernest Zueblin, Albert H. Carroll, R. H. Johnston, George W. Dobbin and Herbert Harlan.

At the election of officers, Dr. Ridgely B. Warfield, class of 1884, was added to the library committee, and Dr. John L. Riley, class of 1905, of Snow Hill, Md., was chosen to fill one of the vacancies on the State Board of Medical Examiners.

A large oil portrait of the late Dr. William Travis Howard, professor of the diseases of women at the University of Maryland from 1867 to 1897, was unveiled in Osler Hall, April 27, as a presentation to the Medical and Chirurgical Faculty of Maryland. The painting, which is a companion piece to the portrait of Dr. L. McLane Tiffany, is by Thomas Corner, and was given to the faculty by Dr. Howard's widow. Dr. J. Whitridge Williams made the presentation speech, and the portrait was accepted on behalf of the faculty by Dr. James W. Humrichouse, the president.

Miss Lucy Hill, University Hospital Training School for Nurses, class of 1914, who was operated on a few days ago at the hospital, is recovering rapidly. The operation was very successful.

Miss Nettie Flanagan, formerly superintendent of nurses of the University Hospital Training School, who has been superintendent of the De Sota Sanatorium, Jacksonville, Fla., for the past three years, has resigned her position and will take up public health nursing in Boston, Mass.

Mrs. Bertie Sigmon, University Hospital Training School for Nurses, class of 1914, who was surgical nurse at the De Sota Sanatorium, Jacksonville, Fla., has resigned her position and has been appointed superintendent of nurses of the Chester Hospital, Chester, S. C.

Drs. James B. Parrymore, Jacksonville, Fla., and Wilmer M. Priest of New York, both of the class of 1909, have been to visit old scenes at the University Hospital lately. While North, Dr. Parrymore "took in" New York. Dr. Priest has been in New York for some time, having been a resident in one of the orthopedic hospitals there.

Other recent visitors to the Hospital were Drs. William Michel of Frostburg, Md., and John D. Darby of Oakley, Md., both of the class of 1912.

Dr. James M. Craighill, class of 1882, surgeon-in-chief of the Baltimore City Police Department, while on a sea trip lately was one of the first to see the German cruiser Kronprinz interned for repairs.

Dr. Elmer H. Adkins, class of 1905, of Roanoke Rapids, N. C., has been visiting the University.

At a meeting last month at Bayview Asylum of the Supervisors of City Charities, the following appointments were made for the ensuing year:

Dr. Everett Le Compte Cook, class of 1914, chief resident physician of the municipal tuberculosis hospital. Dr. Cook has been an intern there for a year.

Dr. Clarence Calvin Hoke, class of 1914, resident physician in the surgical department. Dr. Hoke has also served a year there as an intern.

The following gentlemen were appointed from the senior class:

Surgical Department—Messrs. D. P. Etzler, G. P. Ross and J. J. Waff, B.S.

Tuberculosis Hospital—Messrs. Edgar W. Lane, B.S., and J. A. B. Lowry.

Insane Department—Messrs. Myles B. Sharkey and H. Goldman.

At the annual meeting of the Cecil County Medical Society, held in Elkton, Md., April 22, the following officers were elected:

President—Dr. William D. Cawley, class of 1902, of Elkton.

Vice-President—Dr. Charles F. Miller, Baltimore Medical College, class of 1894, of North East.

Delegate to the State Convention to be held in Baltimore—Dr. H. A. Cantwell, class of 1906, of North East.

Censor—Dr. C. P. Carrico, class of 1898, of Cherry Hill.

We are just in receipt of a postal card from Dr. William Robert Gardiner, class of 1910, who is practicing in Herrin, Ill., in which he says that the world has been treating him beautifully since he left school, and that he is doing a great deal of surgery. He also tells us that he was married to

Miss MacWalker of Herrin the 21st of March last. Dr. and Mrs. Gardiner expect to leave for the Fair in San Francisco sometime in May. Dr. Gardiner is connected with the Baker-Gardiner Hospital in Herrin.

Capt. William L. Hart, M.D., U. S. A., class of 1906, is located at Fort Sam Houston, Texas.

On May 18 the State will transfer about 250 insane persons to the new Eastern Shore State Hospital, near Cambridge. Dr. Arthur P. Herring, secretary of the State Lunacy Commission, said that, so far as he knew, such a large number of insane persons had never been moved before. About 150 of the number will come from the Springfield State Hospital for the Insane, at Sykesville; about 60 or 70 from the Spring Grove Hospital for the Insane, at Catonsville, and 23 from the Cecil County Asylum, at Cherry Hill.

The removal of the 23 inmates of the Cecil County Asylum will mark the end of the system of caring for insane in county almshouses—a system that has been sadly inadequate, has led to serious abuses and has been combated by physicians for years. Except in Allegany county, where the county home really is a small hospital, all insane persons are being or will be cared for under the State-aid system, which embraces modern institutions in the several sections of the State.

Unusual arrangements have been made by Dr. Herring to insure safety, both to the insane and the public, in transferring the patients. Those from Springfield will be brought to Baltimore on a special car over the Baltimore & Ohio Railroad, arriving here about 9 o'clock. They will be accompanied by a number of attendants and physicians, and will be met at Camden Station with automobiles and carriages to carry them to the boat and with ambulances for the bedridden. Those from Spring Grove will be brought to the city on the electric cars and the group from Cecil county will come down on the regular early train.

As soon as the groups reach the city they will be taken to the ice-boat Latrobe, at the City Pier, Pratt street near Light. The boat will have been equipped especially to care for the patients. It really will be a temporary floating hospital, with the open spaces about the railings covered with wire screens to prevent any of the insane getting overboard.

The boat will go directly to the Eastern Shore

Hospital, which is located on the Choptank River, a few miles above Cambridge. There is a wharf on the hospital farm property and the patients will be landed there. It is expected to have them safely lodged in the hospital by mid-afternoon.

The new hospital is one of the best in the State. The commission in charge of the erection of it gathered all the available information as to the best method of arranging the building and equipping it before starting the work, and the location is regarded as one of the best in the State.

Most of the patients to be placed there were residents of the Eastern Shore and it is intended to use the hospital primarily for the Eastern Shore insane, so that their families and friends may easily go to see them.

Dr. Louis Kyle Walker, class of 1911, of Ahsokie, N. C., was also a recent visitor to the University. After graduating Dr. Walker served first as assistant resident pathologist and then as assistant resident gynecologist at the hospital, and as superintendent of the Maryland General Hospital from 1913-1914.

The University of Maryland is issuing a diploma to each of the 2000 members of Baltimore Medical College Alumni Association. The entire membership of the old association is to be included in the membership of the Alumni Association of the University of Maryland, which will bring its total membership up to 5000.

Two years ago the medical college was consolidated with the University of Maryland, thus losing its identity, and graduates of the former institution held diplomas issued by a school which had no existence. It then occurred to the alumni association that perhaps the University of Maryland would be willing to substitute the diplomas held by each alumnus of the medical college for one of its own sheepskins, and the request for such a substitute was laid before the faculty.

As a result of this request a committee consisting of former Judge Henry D. Harlan and Drs. T. O. Heatwole and T. A. Ashby was named to draw up a proper form of diploma which could be presented to the Baltimore Medical College graduates.

Dr. Ashby recently returned from a visit to Georgia and South Carolina, where he went to assist in organizing alumni associations of the

University of Maryland. In the near future he will go to North Carolina and West Virginia.

Dr. Nathan R. Gorter, Commissioner of Health, celebrated his 54th birthday on April 26.

Dr. and Mrs. Hiram Woods, who have been spending some time at the Collingmore, in New York, have returned to their residence on Park avenue.

The April meeting of the University of Maryland Medical Society was held in Chemical Hall, northeast corner Lombard and Greene streets, Tuesday, April 13, 1915, at 8.30 P. M. The program, which was most interesting, was as follows:

Eye Hygiene as Applied to Schools (illustrated with lantern pictures), Dr. Hiram Woods.

Some Recent Bronchoscopic and Esophageal Cases (illustrated), Dr. Richard H. Johnston.

Fractional Gastric Analysis in Gall-stone Cases (a brief report), Dr. Albert H. Carroll.

MARRIAGES

Dr. Edwin Baker Goodall, class of 1909, of Haverhill, Mass., to Miss Carrie Hollander of Amesburg, Mass., at Amesburg, April 29, 1915.

Dr. Ernest William Frey, class of 1912, to Miss Mary Jeanette Disney, both of Baltimore, Md., at Baltimore, March 22, 1915.

Dr. William Robert Gardiner, class of 1910, to Miss MacWalker, both of Herrin, Ill., at Herrin, March 21, 1915. They will reside in Herrin, where Dr. Gardiner is practicing surgery.

DEATHS

Dr. Marshall Langton Price, class of 1902; in 1910 secretary and in 1911 vice-chairman of the Section on Preventive Medicine and Public Health of the American Medical Association; a member of the American Public Health Association, medical officer of the Tuberculosis Commission of Maryland from 1903 to 1905; secretary of the Maryland State Board of Health from 1907 to 1913; member of the Maryland-District of Columbia Sewerage Commission in 1912; originator of the first law for the State control of tuberculosis, now in effect in many States of the Union and known as the "Maryland System,"

who moved from Baltimore in 1914 on account of ill-health to Boise, Idaho, died at sea on board of the American Line Steamer St. Paul, April 16, 1915, presumably from tuberculosis, and was buried at sea the next day, aged 37 years.

In his brief career Dr. Price had done some brilliant work as a sanitarian and was well known for his efforts in behalf of public-health measures. He was the author of several laws regulating the public health, including the statute in this State for the State control of tuberculosis, which has been widely copied and is called the "Maryland System."

Dr. Price was born in California April 28, 1878, the son of Maj. Curtis Ethelbert Price, U. S. A. He graduated at the University of Maryland Medical School in 1902 and was resident physician at the University Hospital for two years. He then became secretary to the Tuberculosis Commission of Maryland, and later medical assistant to the State Board of Health, and on May 1, 1907, was elected secretary of the board, which position he held six years. At the expiration of that time he went West.

Dr. Charles Ellis Ross, class of 1889, a Fellow of the American Medical Association, for 15 years a member of the medical staff of the Morganton (N. C.) State Hospital and member of the Board of Health of Burke county, died in Grace Hospital, Morganton, April 1, 1915, from pneumonia, aged 52 years.

Dr. William B. Smith, class of 1899, a Fellow of the American Medical Association and a practitioner of Hampton, Va., who sailed for Bristol, England, February 25 as surgeon of the steamer Victoria, died in Bristol, March 10, 1915, aged 41 years.

Dr. Judson E. Hair, Jr., class of 1912, of Greenville, S. C., died at Mobile, Ala., while on his way home, March 26, 1915, aged 26 years.

Dr. Oliver G. Getty, class of 1878, a practitioner of Grantsville, Md., until 1893, died at his home in Meyersdale, Pa., March 14, 1915, from cerebral hemorrhage, aged 59 years.

Dr. Horace M. Julian, class of 1885, died at his home in St. Louis, January 30, 1915, from cerebral hemorrhage, aged 53 years.

Dr. R. Sydney Cauthen, Baltimore Medical College, class of 1902, a Fellow of the American Medical Association, a specialist on diseases of the eye, ear, nose and throat, of Charlotte, N. C., died at his home in Charlotte, March 24, 1915, from heart disease, aged 43 years.

Dr. Charles Ellsworth Boyd, Baltimore Medical College, class of 1902; University of Wooster, Cleveland, 1892; a Fellow of the American Medical Association, died at his home in Newton, Iowa, February 27, 1915, from pneumonia, aged 45 years.

Dr. Edward G. Altvater, class of 1911, of 323 N. Carrollton avenue, a physician at the United States Quarantine, died May 2, 1915, at the University Hospital, following an operation, aged 30 years.

Dr. Altvater was born in Baltimore, the son of the late Garrett Altvater. His grandfather was the late Dr. Garrett Altvater, who was at one time physician at the Quarantine Station and at the city jail. His uncle was the late Dr. Edward Altvater of Upper Falls, Md.

Beginning his education at the public schools, Dr. Altvater later attended Deichmann's Preparatory School. In 1911 he was graduated from the University of Maryland and took up his duties as intern at the Spring Grove State Hospital, Catonsville, where he spent a number of years. He was a member of the Masons, Odd Fellows, Junior Order of American Mechanics and the Press Club. He is survived by his mother, Mrs. Mary G. Altvater; a brother, Alpha M. Altvater, and two sisters, Mrs. Peter Tribels and Mrs. Laurens B. Pendleton, Washington.

Dr. William Joseph Dougherty, Baltimore Medical College, class of 1907, of Beverly Farms, Mass., died at the home of his mother in that place, April 6, 1915, aged 33 years.

Dr. J. H. Turner, class of 1840, of Martinsville, Va., died at his home, April 1, 1915, from senile debility, aged 89 years.

Dr. James Belt Chesley, class of 1868, of Forest Glen, Md., died at his home, April 7, 1915, aged 71 years.

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No. 4

EXCERPTS FROM ADDRESS DELIVERED
BY THE HON. WILLIAM JENNINGS
BRYAN, SECRETARY OF STATE, AT
THE COMMENCEMENT EXERCISES
OF THE UNIVERSITY OF MARY-
LAND, JUNE 1, 1915.*

*"Men of the Graduating Class, Ladies and
Gentlemen:*

"I appreciate very deeply the honor which has been given me. A commencement is always an inspiring occasion. Those who take part as graduates have finished the courses assigned them and now go forth to put into use the training they have received. Commencement day is one looked forward to and looked back upon not only by themselves, but by their families and friends. It is an honor to anyone to be entwined in the memory of such an occasion. And the honor increases with the number of the graduates, of whom, I am told, there are about 250 present.

"It not only is an honor which has been given me; it is a very grave responsibility. There are few times when men are so impressionable as upon their last day at school, and, therefore, I prize the opportunity to join with the instructors in a parting word, hoping I may say something that will aid you young men as you walk the paths of life; hoping that I may make the best of the honor and responsibility upon me."

THE LIFE OF SERVICE.

Mr. Bryan then said that it is almost impossible to measure up to the expectations of such an occasion. The task, he said, is the more difficult because the graduates have accepted their lines of work, and when, as in the audience before him,

there were those about to enter different professions, specific advice was difficult to give, because what would be acceptable to one group might not apply to all.

"I cannot show partiality between the groups here present," continued Mr. Bryan, smilingly, while the audience laughed quietly, "and so I must go back and find some fundamental subject that will serve for all of you. I have such a subject, one chosen purposely, and one that will fit in every one's life.

LIVING UP TO RELATIONSHIPS.

"As you become acquainted with the world," Mr. Bryan continued, "you find it necessary to know a few things. It is desirable to know many things, but necessary to know a few. Now there are certain relationships in life which I would bring to your attention. They are relationships which you must live up to. You cannot escape them. The manner in which you will live up to these relationships rests with yourselves, but whatever that manner be, you cannot avoid the relationships.

"Those relationships which I shall bring to your attention are three, and I give them in the order of their importance. The relation to God, the relation to society and the relation to government. I shall discuss these relationships in the inverse order of their importance, taking up first that to government.

THEORY OF GOVERNMENT.

"The first thing I want to say to you is that our theory of government is the best the world has ever known. (Applause.) I do not say that it is the best government; I say it is the nearest to perfection which the world has known. How do I know that? Because the world is marching

*Reprinted from the Baltimore Sun, June 2, 1915.

toward that form of government. You may go where you please, and you will find that the world is coming more and more toward acceptance of the theory of government by and of the people.

PEACE IS NORMAL CONDITION.

"Some of you may ask if that is true in this time of war. I answer that war is not the normal condition of the world, and that peace is, and that the true movements of the human race is not seen in war, but in peace. Times of war and peace may be compared with times of anger and calmness in a man. Calmness is a man's normal state. If he were angry all the time, he would not live a year. He would burn himself out.

"And here let me say that the eras of war are growing fewer and the eras of peace are growing longer. I believe the influences of peace are becoming stronger, and that the terrible war now raging across the waters will hasten the day when the nations of the earth will no longer know war.

PEOPLE HAVE A RIGHT TO RULE.

"Now, the last 25 years show the growth of the popular form of government. It is the government of the future. So I would have you understand the controlling principle of this form of government. It is that the people have a right to what they want. A strong statement, you say. Yes, and it has been challenged. But I have tried to make it strong, and if you know a stronger one, I will use it. A strong statement, you know, draws out the opposition, and then you are able to find and overcome error.

"In government you must have the rule of the majority or the rule of the minority; you must give the presumption to one or the other. If you would give the presumption to the majority, you need not believe that the majority will not make mistakes.

"You cannot escape mistakes. In a monarchy, the king makes the mistakes for the people; in an aristocracy, the few make mistakes for the people, and history shows that sometimes they find it so profitable to make mistakes that they are unwilling not to do so. You will have mistakes in any form of government. I hold that the people have a right to make their own mistakes; that the majority should rule.

"You will find that the people make mistakes, but that they never make them intentionally.

And you will find, too, that when they discover their mistakes they are prompt to remedy them. It never pays the people to make mistakes; it always pays them to correct them when made unintentionally.

MAJORITY ENTITLED TO SUPPORT.

"And now let me say this word to you about your part in a government in which the people rule. Majority rule depends upon the acquiescence of all in the action of the majority; it is, therefore, your duty to support the expressed will of the majority. That is the only way in which you can maintain free institutions. The man who would substitute minority rule for that of the majority is a traitor to free institutions."

EARNING \$15,000,000 A YEAR.

Mr. Bryan then discussed the second relationship—that to society. He said the proper relationship depends upon the establishment of a basis of rewards; upon how much an individual shall draw from society in return for service given. He took up, step by step, the annual financial earnings of men, as shown by their accumulated wealth, going from \$3000 a year to \$15,000,000, and then asked if a man could give society service equal to a return of \$15,000,000 a year, which he estimated to be the annual earnings for 33 years of a man who accumulated \$500,000,000. He answered his question in the affirmative.

At this point, everyone having been put into a mercenary frame of mind by Mr. Bryan's deft calculations about millions, and everyone being more or less surprised, too, to hear him say that a man could give service to society proportionate to an annual earning of \$15,000,000—at this point Mr. Bryan caught his audience unaware and in graphic terms laid the foundation for his real thought.

JEFFERSON AND LINCOLN.

"Thomas Jefferson rendered society a service so great," he said, "that \$500,000,000 would not have been excessive as the reward of his labor. Abraham Lincoln rendered a service worth \$500,000,000, and so did those men who gave us steam and electricity. A man can give to society labor worth more than that vast sum. But I want to impress upon you young men that neither of those men received that sum; neither of them thought about collecting that sum.

"They were too busy serving society to think

about collecting from society, whereas the men who have collected \$500,000,000 from society have been too busy doing that to give service worthy the amount. I would have you young men remember that; I would have you so live and so work that when you pass away from this world you will have given society more than you collected and will have a balance in your favor."

When Mr. Bryan mentioned the names of Jefferson and Lincoln there was applause for each. He thought Lincoln received the more, and said that while he was glad both were applauded, for "the life of him" he could not see why Lincoln should be thought greater than Jefferson. Lincoln, he continued, said that every political principle of his life had been taken from Jefferson.

PREFERS HEART TO MIND.

Concluding, Mr. Bryan spoke upon the relationship to God, which, he said, controlled the relationships to government and society. He called Tolstoi's definition of religion as the relation that man fixes between God and himself, and the definition of morality as the manifestation of religion.

"I believe there is no foundation for morals other than religion," Mr. Bryan continued, "and, therefore, religion is a practical thing. For moral character is more important than any lesson you learn in the schools. The mind sometimes runs wild. I am an enthusiast about education, but with all my enthusiasm, if I had to choose between the mind and the heart, I would take the heart. A good heart can take a dog's brain and make it useful."

QUESTIONS FOR THE ATHEIST.

Having argued the supreme value of religion as the foundation of life, Mr. Bryan urged the graduates to avoid the agnostic and the atheist. He said that unless a man believes in God he cannot plan a life, and declared that the reasonable and simple thing is to believe in God.

Too much latitude is given the atheist in discussion, Mr. Bryan said, the atheist usually being allowed to ask all the questions and answer none. He said that when he talked with an atheist he insisted on a turn-about, the atheist answering one question every time he answered one. That led, Mr. Bryan went on, to the atheist reaching the point where he had to talk about the beginning of things, and when he did that he took his stand upon the creation of the world

from matter and force. Mr. Bryan said he asked the atheist who caused matter and force.

LIVING UP TO UNDERSTANDING.

Mr. Bryan told of the unreasonableness of doubt in religion because of not understanding. He spoke of the mystery of life; of the mystery of love "that makes life worth while"; of the mystery of patriotism. And he asked if anyone doubted them because they could not be understood.

"Let them not drive you from religion because you do not understand"! he exclaimed. "If you live up to those things in the Bible that you can understand, you will be so busy you will not have time to bother about the things you cannot understand."

THE SANITARY NEEDS OF BALTIMORE CITY.*

By NATHAN R. GORTER, M.D.,
Health Commissioner of Baltimore City.

Your committee's request to speak to you on the sanitary needs of Baltimore City placed before me a task of a scope so great that a consideration of it in detail is out of the question on such an occasion as this; therefore, I shall not attempt more than a summary.

The sanitary needs of our city, or "all that can be done for the prevention of disease and the promotion of public health," are, I am glad to to say, in process of being supplied; and it is to be hoped that the supply will continue until we are armed with all that we now believe to be necessary to prolong life and prevent disease.

After many years of talk and futile efforts our city finally succeeded, in 1904, in passing the Sewerage Enabling Act. This was the beginning of the end of privy wells, surface drainage and open sewers, which we hope to have completed in about two to two and one-half years from this time.

A second step (some consider it of more importance than sewerage) was the determination, in the year 1912, by the city to get rid of the constant menace to health found in our drinking water, caused by the addition of intestinal pollution from dwellings and towns on the water-shed.

It must always be considered unfortunate that our cities are fated (by the seeming indifference

*Read at the Fifth Annual Health Conference of the Medical and Chirurgical Faculty of Maryland, February, 13, 1915.

of people) to content themselves with the removal of pollution instead of preventing it; but it is to be hoped that measures will yet be taken to prevent much of the present pollution, which would, undoubtedly, lessen the possible danger to water-drinkers should there occur any temporary defect in our water purification plant.

This purification plant (to be in commission next May or June), located to the west of Lake Montebello, will be one of the finest of its kind; and its operation will consist in the preliminary treatment with alum or iron sulphate and hypochlorite of lime before the water is passed through the sand filter, which will act more the part of a scrubber than a filter of the old English type.

The completion of the sewerage and filtration systems will establish in our city the broad foundation for other works whose object will be the removal of local physical conditions that promote disease, although they may not produce it. Two of these works are the requiring of smooth pavements for alleys, both private and public, and development of better housing conditions.

You are all aware of the extensive paving that has been done in the wake of the development of laying the sanitary sewerage system, which has promoted the comfort of the riding public; and, I am glad to say, is bringing the filthy alleys into such contrast with our modern streets that even the most careless have given the subject some attention. Unclean alleys and smooth alleys have been dwelt upon so much by your health officers that naturally the possibility of obtaining a betterment of the present conditions is pleasing to them; but, for fear too much might be expected of the change, it should be pointed out that almost all the present nuisances will disappear with the development of the sanitary sewerage system, which will eliminate surface drainage. The part of the nuisance that will be still with us is that due to the objectionable habits of our neighbors, exhibited mainly in the casting of kitchen and other refuse into alleys and upon vacant lots. In order to eliminate this we have elicited the activities of the Police Department; and we believe that, when these have been fully developed, all such nuisances will be reduced to a minimum. At the solicitation of the Health Department the Police Board has directed the Marshal of Police to hold every patrolman responsible for the cleanliness of his post. The success of this co-operation will depend on not only the patrolman, but

also the people. It is to be remembered, however, that smooth pavements in alleys will permit the rainfall to wash into the streets any accumulated filth, which will then be removed by the city carts.

The "housing problem" is one not yet under proper control. This problem involves not only such dwellings as hotels, apartments, tenements and lodging-houses, but also the one and two-family houses that are not usually included in tenement or lodging-house laws and regulations. It is true that we have what seem to be excellent building laws, but as yet it has been impossible to develop adequate supervision and co-operation by the Health Department's and Building Inspector's forces. The problem is very difficult, and probably will need an additional law to ensure sufficient power to these two divisions of the municipal government—such a law, for example, as would require ratproofing of dwellings and the use of proper receptacles in the disposal of garbage. The problem of ratproofing or the elimination of rats has increased in importance in the last few years as a result of our fuller knowledge of the transmission of disease by vermin and the steady spread of bubonic plague foci over the world. With the great efforts now being made to increase our shipping interests comes the greater probability of infected rats being brought to this port.

Before passing to another part of the subject I must call your attention to dust, smoke and noise. These three things are undoubtedly detriments to the maintenance of health in municipal life. It is true that it is difficult to demonstrate to laymen, who have the making of our laws, the evil effect, but this brings all the more upon the shoulders of physicians the responsibility of convincing those who do not know. It has taken years of argument and teaching to bring about sanitary sewerage and filtration of water, but they are here; and if we are thoroughly convinced ourselves that dust, smoke and noise are harmful, we shall be able to convince others. We ought to thresh this problem to a conclusion, and I suggest that every one of our physicians wrestle with the pros and cons until he can put himself openly and fearlessly in one camp or the other, either for or against dust, smoke and noise.

A city's milk supply has been receiving the attention of health officers and laymen in all sections of our country. Our city not only has not

been behind in this movement, but in joining our State officers in their activities we have been pioneers in ideas if not in deeds.

In 1908 the City Council passed the present milk laws, which have enabled the Health Department to accomplish much in the betterment of our milk supply. These laws were passed not by the request of the Commissioner of Health alone, but by the united action of aroused citizens from all sections, which convinced our Councilmen that the laws were what the people wanted. The value of educating the public and the resulting activities in support of the recommendation of the Health Department in its budget were again shown in 1912, when the Women's Civic League worked and obtained a part of the number of dairy farm inspectors asked for. The league subsequently succeeded in adding three more, making the present number of six inspectors, as well as an additional force in the laboratories. I mention these activities of our citizens not only to acknowledge their service in the promotion of public health, but also to point to what they have done as examples of successful work that should be repeated in the same and other divisions of health work to which I shall call your attention. You probably recall that the laws of 1908 gave to the Commissioner of Health the power to shut out milk that was in his judgment unfit or likely to become unfit for human consumption. Acting under this law, an order was issued to exclude milk, after a given date, which was produced by cows fed on refuse and distillery swill. Before that date arrived a temporary injunction against the department was issued, which has not yet been argued, although the original action taken by the Commissioner was two years ago. A little activity on the part of the medical profession and the laity would probably have a beneficial result. If the people don't mean what they say in the law, then it should be repealed, so that they will not rest under a false security. After all is done in the guarding of the milk supply by a competent corps of inspectors, urban and rural, and by careful laboratory work, there still remains a danger that is not efficiently watched, namely, the infection of the milk with disease, such as typhoid fever. It is true that the improvement of the sanitary conditions, produced by work of dairy farm inspectors, will lessen the probability of milk infection, yet we know that there are many possible sources of danger

that cannot be effectually guarded against by such inspection. We are of the opinion, therefore, that all milk is not safe unless it is properly *pasteurized*. While insisting on this, we should also provide for the supplying of such milk to the poor.

We must pass now to another section of our needs:

An aroused public opinion expressed in action is equally powerful, whether it be wrongly or rightly directed. A few years ago the Health Department, against its judgment, was directed to use \$25,000 during a period of two years in efforts to remove the annoying mosquito. We were of the opinion that inasmuch as the mosquito, against which the public was aroused, was the *culex* and not the *stegomyia* or the *anopheles*, and inasmuch as every householder was a producer of his own annoyance, that it would be better to use such funds for another purpose, which would be of real and lasting benefit in lessening disease and death, namely, the protection of the milk supply, and to urge the citizen to protect himself from mosquitoes by destroying breeding places on his own premises.

I have recited the above to again illustrate the power of public action even in the wrong direction. Now, why not get up a real public action against fly-breeding? In the fly we not only have an annoyance, but also a positive danger in all climates, because it can mechanically transfer germs of disease. Local improvement associations could find very much to do if they would turn their attention to the families of their sections and see in what way they contribute to fly as well as mosquito breeding. At the same time, they could join hands with other organizations of laymen and physicians in backing any effort of the Health Department to obtain an effectual control over stables and have manure removed by contractors instead of depending on the convenience of farmers. To do this work properly we doubtless shall need the help of the State Department of Health.

What are the needs of the coming generation of men and women? We who are enjoying the seeming shorter years of life have passed the period when more years might have been added to our span. Are we adding or taking from those dependent upon us? This question has been viewed from many angles, which has resulted in many activities of citizen organizations, such as

the Children's Playground Association, Public Athletic League and others that deal with the earlier periods of life; but there is much left to be done by our municipality, which, however, has not yet entered into the question at all seriously. We should combat the idea which, strange to say, is still prevalent—that children must or should have "children's diseases." We know this is not so; and, furthermore, we know that such diseases oftentimes produce permanent changes in vital organs that lead to a shortened life in the adult age. In lessening the frequency of contracting disease air space counts for much; therefore, we should provide in our schools not only abundance of fresh air and light, but also floor space that will diminish the likelihood of crowding children together for long periods. We find that admirable modern buildings have been constructed by our School Board or Department of Education, but they have not been able to do much with the older school buildings, which, in many instances, are in need of enlarging and remodeling. Playgrounds for children are a crying necessity, not only surrounding school buildings, but also in areas where no schools exist. We are developing a magnificent system of parks, which is a source of pleasure and pride to our people, but we need something more. The very ones who need open space the most, namely, children under 10 years of age, can't use our parks unless they live in the vicinity. Then why not bring the parks or playgrounds to the children? The system of taxing the street railways for the maintenance of our parks is admirable, but why can't the Park Board use its ever-increasing funds in co-operation with the Department of Education and construct and maintain playgrounds about our school buildings or go into closely built-up, tuberculosis-riddled sections of our city, tear down a block of miserable dwellings and make a playground? Such a move would not only result in giving playgrounds to children, letting in light and fresh air, taking out miserable hovels, but it would also lead to the tearing down of surrounding houses and their reconstruction into better homes for the poor, which would greatly aid in solving the housing problem.

The medical inspection of schools, which was begun in 1905, has been and is doing good work, but the work needs to be broadened and deepened. This can be best brought about by placing a well-trained officer in charge of this division,

now consisting of five physicians and five nurses, and increasing the number of nurses in the service from 5 to 15. At the same time, there should be developed in convenient locations within our schools a series of clinics for the care of the teeth, examination of eyes and for nose and throat work. We know that there is a very large number of children whose physical defects are discovered, but not attended to for several reasons. All need not be now mentioned, but one is the need of children's clinics away from the motley gathering usually found in dispensaries.

Up to this time we have considered things that convey disease and influence its development, and have left until the last the consideration of the greatest of the conveyors, namely, the victim himself.

What provision have we for the isolation and care of those infected with communicable diseases?

For disease that may be brought by sea—yellow fever, cholera, bubonic plague and smallpox—we have probably ample provision at our Maritime Quarantine Station, but the accommodations have become antiquated. In addition, however, we are required to use this station for cases of smallpox that develop within the city. As the city increases in size the floating population increases. This produces a greater proportion of unvaccinated people; therefore, there is every year the probability of an increasing number of victims when smallpox invades the city. Last winter we had a very narrow escape from being compelled to put out yellow flags in the city because of the want of room at Quarantine. We should have there more room and more modern equipment. This station fortunately has to be called into use only at intervals of varying lengths of time, but the hospital (Sydenham) for the so-called minor communicable diseases is always in use. The capacity of the latter, however, is inadequate to carry out its original intention of protecting our city from disease. Until the first part of last month we had but one ward in commission, which contained 36 beds for scarlet fever and diphtheria combined. At that time, because of pressure produced by the number of scarlet fever cases in the city, we opened another building (Ward B), which was constructed primarily for an observation ward, with accommodations for 20 patients, but some of the rooms have had to be used by nurses, thus cutting down the space

for the sick. This building is really not completed, and will not be used in its present condition longer than is absolutely necessary.

Sydenham should be equipped in an up-to-date manner to for at least 300 patients. This would provide for infected negroes also. At the present time, if a negro develops scarlet fever or diphtheria in wards of any of our general hospitals, if one is picked up by the police in the streets, or if the disease is dangerous in the number of cases among negro children, we have no place to put them.

During the past 10 years or more much work has been done to control tuberculosis, with results in death rates per 10,000 of the living that show:

White—1903, 25.2; 1904, 27.8; 1905, 26.6; 1906, 27.0; 1907, 26.5; 1908, 25.1; 1909, 25.3; 1910, 24.8; 1911, 23.8; 1912, 23.6; 1913, 25.1

Colored—1903, 51.1; 1904, 55.0; 1905, 58.4; 1906, 56.6; 1907, 58.7; 1908, 53.8; 1909, 57.0; 1910, 56.1; 1911, 57.9; 1912, 55.8; 1913, 58.5.

There has been practically a standstill amongst the white people and amongst the negroes. We need more nurses. Each nurse in the department has more than 300 cases under her care. We need a segregation hospital of at least 500 beds. We won't accomplish much until we get it.

Before leaving this subject I must direct your attention to the very great need for our State and city to provide hospital care for those sick with venereal diseases, to be kept there, if necessary, until released by the Health Department.

To recapitulate our needs:

1st. To solve the housing problem, which will also include the disposal of garbage and the elimination of rats.

2d. To reduce smoke, dust and noise.

3d. To require proper pasteurization of all milk, and to provide for its distribution amongst the poor.

4th. To lessen or control fly-breeding places, such as stables.

5th. To provide playgrounds for children.

6th. To modernize and enlarge some of our older public school buildings, and to provide them with sufficient playgrounds.

7th. To increase the force of school physicians and nurses, especially the latter.

8th. To construct a modern hospital at Quarantine.

9th. To provide adequate hospital facilities at Sydenham (for white and colored people).

10th. To provide a segregation hospital for advanced cases of tuberculosis (for white and colored people).

11th. To provide segregation and treatment for venereal diseases (for white and colored people).

I have thus communicated some of the most important sanitary needs of our city without any attempt to enter into explanatory details, partly because of the want of time, and because they are familiar to most of you. There is one sanitary need that we might number 12, but really it ought to be emphasized by being named with each one of the 11 already mentioned. It is a need that is not always recognized, but it is nevertheless the greatest sanitary need of our city. It is a continuous, kindly, intelligent, helpful and forceful activity on the part of the medical profession and the laity upon all questions affecting the health and the life of the people.

The annual banquet of the Baltimore Medical College Alumni Club was held at the Hotel Renner, Wednesday evening, June 2. Covers were laid for nearly 100. Dr. Noble P. Barnes of Washington was toastmaster. Speeches were made by Drs. E. L. Whitney, Fred B. Beitler and W. P. Perry.

The forty-third and final commencement of the College of Physicians and Surgeons was held at Albaugh's Theater, June 1, 1915. Fifty-seven young men received diplomas. They were presented by Prof. William Simon, president of the faculty. The college will be merged into the University of Maryland.

Dr. Arthur M. Shipley, class of 1902, professor of materia medica and surgical pathology, has been named acting dean of the Medical School of the University of Maryland. He will perform the duties of this position until the post is permanently filled at the annual meeting in June.

It is believed that Dr. Shipley will be continued in the position. If so, he will be the youngest dean the medical department has ever had.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, JUNE 15, 1915.

THE DEATH OF PROF. ROBERT DORSEY COALE.

The Medical School of the University of Maryland has met with a great bereavement and a great loss. On May 18 Professor Coale presented himself at the dean's office at the usual time and entered upon the duties of the day. In reply to an inquiry from his secretary, he said he felt very well. Shortly afterwards he was found sitting in a chair in his private office, evidently very ill. Before he could be removed to the hospital he was entirely unconscious, and was paralyzed on the left side. He never regained consciousness, and died a few hours later.

He was the senior member of the faculty and of the Board of Regents. He had just completed 31 years as Professor of Chemistry and Toxicology, and for 15 years had been dean of the Medical School. He was a man of great ability and of marked and varied attainments. He was an executive of sound but conservative judgment and of unswerving integrity. His opinion on any academic question was usually correct, and was always entitled to a very careful consideration. While he was very tenacious of his beliefs, he was amenable to reason, and when he became convinced that he was wrong, he did not hesitate to change his attitude, even though it was at considerable personal embarrassment. He was to a large extent the balance wheel of the faculty. Though not taciturn, he was a man of few words, and this characteristic gained for him a reputation of being cold and brusque. This reputation was entirely undeserved, as he was kindly and generous to a fault. The students have lost their greatest friend and most ardent champion. He

was constantly afraid of doing injustice to the students, and often did injustice to the school by not holding students more rigidly to the requirements. He was reticent about his own affairs, and did many acts of kindness and of charity of which he said nothing. After his death a handful of due bills were found in his safe for money loaned to students who were in need, and it is evident that his philanthropy was not appreciated by the recipients of his generosity. Dr. Coale was a soldier, and as a colonel of the Fifth Maryland U. S. Volunteers he served his country during the Spanish-American War. His military training was of great service to him in many trying episodes with students, and it fared ill with the insubordinate or delinquent pupil when summoned to meet the dean. Dr. Coale was not free from faults, the most grievous of which from our standpoint was a tendency to procrastination, which at times caused complaint from patrons of the institution; but his faults were few and his virtues many. The faculty has lost an honored member, the Medical School an experienced and efficient dean and the University a regent whose loyalty and faithfulness was beyond reproach.

THE MERGER WITH THE COLLEGE OF PHYSICIANS AND SURGEONS.

It is with great pleasure that we announce the merger of the College of Physicians and Surgeons of Baltimore with the University of Maryland upon terms mutually satisfactory and advantageous. At this writing the exact details of the contract have not been determined and are being worked out by legal counsel representing both schools, but the plan of merger has been accepted by all parties concerned, and will become effective immediately. For a number of years there has been a great desire upon the part of many of us to close up the disreputable medical schools of this city and to merge the good schools into one strong institution. One by one the weak schools have disappeared, and the merger with the Baltimore Medical College in 1913 led the way to a consummation of the hope that we should soon be able to merge all the reputable schools, except the Johns Hopkins, into one strong school. This happily is now effected. The faculty of the College of Physicians and Surgeons do not come to us as suppliants, but agree to a merger in which they shall have full and ade-

quate representation, from an altruistic belief that such a combination is for the best interests of medical education in this city and State. The conditions of the merger will be published later.

We extend a cordial welcome to our new colleagues of the College of Physicians and Surgeons, and believe that we may each learn much from the other.

THE COMMENCEMENT.

The one hundred and eighth annual commencement of the University of Maryland was held at the Lyric Theater, Tuesday afternoon, June 1, 1915, at 4 o'clock.

The regents and members of the various faculties, robed in their academic gowns and distinctive hoods, added color and brilliancy to the scene. The theater was packed with an appreciative audience. The annual oration was delivered by the Hon. William Jennings Bryan, Secretary of State, upon whom the honorary degree of doctor of laws was conferred, the only honorary one given. Mr. Bryan was presented to the audience by Dr. Thomas Fell, provost of the University and president of St. John's College, which is the department of arts and sciences of the University. His speech was an eloquent plea to those entering upon the serious business of life to make that business one of service to humanity and to try to render service in excess of the expected reward.

The order of exercises was as follows:

Overture—"Fest in C".....Leutner
Selection—"Tannhauser".....Wagner
Excerpts from "Chin-Chin".....Carylle
Fantasia—"America".....Tobani

1. Music—March, "La Reine de Saba".....Gounod
2. Prayer by Rev. Wm. Page Dame, D. D.
3. Music—"Melody of Peace".....Martin
4. Address to the Graduates—Hon. Wm. Jennings Bryan, Secretary of State of the United States of America.
5. Music—Trombone Solo.....Selected
6. Conferring of Degrees by the Provost of the University.

Candidates for the Degree "Bachelor of Arts" and "Bachelor of Sciences" presented by the Dean of the Faculty of Arts and Sciences.

Candidates for the Degree "Doctor of Medicine" presented by the Dean of the Faculty of Physic.

Candidates for the Degree "Bachelor of Laws" presented by the Dean of the Faculty of Law.

Candidates for the Degree "Doctor of Dental Surgery" presented by the Dean of the Faculty of Dentistry.

Candidates for the Degree "Doctor of Pharmacy" presented by the Dean of the Faculty of Pharmacy.

7. Conferring of Honorary Degree.
8. Music—"Panamericana".....Herbert
9. Award of Prizes.
10. Music—March, "American Republic".....Theile
Prof. Fritz Gaul, Director of Orchestra.

There were 215 graduates. They were presented by the deans of their respective departments, and were classified as follows:

Bachelor of Arts.....	9
Bachelor of Science.....	8
Doctor of Medicine.....	73
Bachelor of Laws.....	77
Doctor of Dental Surgery.....	36
Doctor of Pharmacy.....	12

Students who received degrees were:

BACHELOR OF ARTS.

Henry Devries Cassard,	Daniel Eugene Walsh,
Herbert Eugene Jump,	Wilbert Lacy Merriken,
Charles Brown Mowbray,	John Edwin Selby,
Walton Rider Nelson,	Howard Bidwell Matthews,
Charles Thaddeus Hauver,	

BACHELOR OF SCIENCE.

John Lawrence De Marco,	Robert Reid Ritchie,
Francis Arnold Hause,	Oliver Parry Winslow,
Harvey C. Mittendorf,	Chauncey Victor Wilson,
Orville Monroe Moore,	William Daugherty Wrightson.

DOCTOR OF MEDICINE.

Richard Binion, Georgia.
Jocelyn William Blackmer, North Carolina.
Harvey Clifton Bridgers, North Carolina.
William Arthur Bridges, North Carolina.
Louis A. Buie, South Carolina.
William Brown Burleson, North Carolina.
Thomas Mathew Calladine, New York.
Ralph Cohen, District of Columbia.
Charles A. Cohn, Pennsylvania.
Vincent J. Demarco, Mississippi.
Louis Diener, Virginia.
George Hamilton Dorsey, Maryland.
Joseph Leo Dowling, Rhode Island.
Patrick Aloysius Durkin, Rhode Island.
Michael Joseph Egan, Jr., Georgia.
Dorsey Paul Etzler, Maryland.
Gustav Adolph Fritz, Maryland.
Harry Jesse Gilbert, New Jersey.
Carlos Gonzalez y Gonzalez, Porto Rico.
Lyle Leland Gordy, Maryland.
Samuel Harry Greenberg, California.

Louis Ward Grossman, Pennsylvania.
 Gerald Leo Higgins, New Jersey.
 Robert Burns Hill, North Carolina.
 William Herndon Jenkins, Virginia.
 Milton Easley Jones, Maryland.
 Robert William Johnson, South Carolina.
 William Robert Johnson, South Carolina.
 James Isaac Justice, West Virginia.
 Bernard Richard Kelley, Connecticut.
 Roy Robinson Kerkow, Washington.
 Herman Warner Krantz, Connecticut.
 Franklin Harris Lackey, North Carolina.
 Edgar Winslow Lane, North Carolina.
 Lloyd Jackson Lanich, Pennsylvania.
 Addison Le Roy Lewis, South Carolina.
 Oscar Vernon Linhardt, Maryland.
 John Albert Berchard Lowry, North Carolina.
 Kenneth McCullough, Maryland.
 Alva Edgar McReynolds, Illinois.
 Lloyd Rogers Meyers, Pennsylvania.
 William Cleveland Miller, Pennsylvania.
 Daniel Bruce Moffett, Alabama.
 Thomas Lacy Morrow, North Carolina.
 Charles Howard Moses, Pennsylvania.
 Charles Wesley Myers, Pennsylvania.
 Milfert Weaver Myers, Maryland.
 Albert Augustus Naumann, Massachusetts.
 Alberto Portuondo y del Pino, Cuba.
 Alberto Garcia de Quevedo y Munoz, Porto Rico.
 Moses Raskin, Georgia.
 Hickman Ray, North Carolina.
 Arthur Hatton Riordan, Massachusetts.
 John Daniel Robinson, North Carolina.
 George Perry Ross, Maryland.
 William Thomas Ruark, North Carolina.
 Playford Lorenza Rush, Maryland.
 Lucius Carl Sanders, South Carolina.
 Harry Schnuck, Maryland.
 Louis Walter Schreiber, Maryland.
 Samuel Dennison Shannon, Maryland.
 Nyles Bernard Sharkey, New York.
 Frank Earl Shipley, Maryland.
 Charles Edward Sima, Maryland.
 John Thomas Stringer, Virginia.
 David Clemington Studebaker, Pennsylvania.
 E. Howard Tonolla, Maryland.
 Joseph Judson Waff, Virginia.
 Theodore B. Warner, Maryland.
 Bascom L. Wilson, North Carolina.
 John C. Woodland, Maryland.
 Eugene Joshua Karl Zeller, Maryland.
 Mark Victor Ziegler, Maryland.

PRIZEMEN.

University Prize, *Gold Medal*—Michael Joseph Egan, Jr.

Certificates of Honor.

Bernard Richard Kelley,	Bascom L. Wilson,
Vincent J. Demarco,	George Perry Ross,
E. Howard Tonolla,	Louis Ward Grossman,
Dorsey Paul Etzler.	

BACHELOR OF LAWS.

George Wilton Benson,	Samuel Joseph Lichtenberg,
Arthur Clinton Berryman,	Bruce Campbell Lightner,
John Nicholas Biesecker,	William C. Lurssen,
Allen Michener Booz,	Edwin Alexander McCluer,
George Washington Brad-	Daniel Francis McMullen,
ford, Jr.,	John Samuel Mahle,
Joseph Royal Brunsman,	Elmer Hall Miller,
John Walter Bueschel,	Kenneth Knell Moore,
Emory Kemp Cathcart,	William Mueller,
John William Chesley,	Thomas Francis O'Neill,
Abraham William Cohen,	Frederick Ernest Pausch,
Henry Dubois,	John Joseph Pratt, Jr.,
Alfred Thomas Edel,	Walter Harry Prem,
August Euler,	Charles B. Redfield,
Charles F. Evans, Jr.,	John Monroe Richardson,
Joseph Fax,	Lindsay Rogers,
Charles Walter Frost,	L. William Rook,
John Edgar Gans,	Abraham Rosenthal,
David Campbell Gibson,	Washington Irving Salter,
William Henry Gonce,	James Lawrence Schan-
Arthur Page Gough,	berger,
Jefferson Cleveland Grin-	Raymond Schlegel,
nalds,	Joseph Mitchell Schles-
Ferdinand Irvin Gruebel,	singer,
Francis Joseph Gutberlet,	Jacob Schroeder,
Joseph Aloysius Haggerty,	Edward King Schultz,
Benjamin Hance,	Simon Silverberg,
Elmer Mittan Harper,	Harry Edward Silver-
Samuel Herman Hoff-	wood,
berger,	Charles Borremeo Smyth,
Joshua Shelton Hull,	Simon Ernest Sobeloff,
William Bernard Jacobson,	James Steele,
Oscar Sutton Jennings,	John Lawrence Sullivan,
Milton De Ralph Jones,	Paul Mitchell Taylor,
William Warren Jump,	William T. Thornton,
Charles Frederick Kam-	William McKendry Trav-
merer,	ers,
Robert Erroll Kanode, Jr.,	Marcus Arthur Tregor,
Isador Frank Kartman,	John Thomas Tucker,
Arthur Valentine Keene,	Henry Hooper Waters,
Charles Alexander Kelso,	Henry Leroy Wortche,
John Wooders Leonard,	John Noetzel Yost,
Julius Zieget.	

DOCTOR OF DENTAL SURGERY.

William Russell Bird, New York.
 Martin Brumberger, New York.
 Charles Arthur Buist, South Carolina.
 David Charles Danforth, Texas.
 Jose Angel Davila, Mexico.
 James William Farr, Connecticut.
 Arthur Horace Hebert, Massachusetts.
 Henry Honick, Maryland.
 Edouard J. Lariviere, Massachusetts.
 Jacob Walter Lewis, Maryland.
 Albert S. Loewenson, Maryland.
 Harold J. Loomis, New York.
 Edward Aloysius Lynaugh, Massachusetts.
 Henry M. McLean, Nebraska.
 Heath McIntyre, Canada.
 Lois Eunice McKewen, North Carolina.

Walter Shields Mitchell, Virginia.
 Harry David Newton, Pennsylvania.
 Christopher James O'Connell, Massachusetts.
 Harry Winter Paul, Australia.
 Cayetano Ramon Pou Gomez, Porto Rico.
 John Joseph Purcell, Jr., New York.
 Francisco Quintero, Magana, Mexico.
 Ronald Y. Rankin, Canada.
 Vincente H. Roca y Carbonell, Cuba.
 Elsie D. Roof-Scimeca, Germany.
 Wilbur Nesbit Scruggs, North Carolina.
 John Robinson Secrest, North Carolina.
 Locke Van Grawl Simons, North Carolina.
 Floyd Henry Smith, New York.
 Samuel S. Sobell, New York.
 James Robert Thompson, South Carolina.
 Herbert Edwin Waterman, Texas.
 Jno. Randolph Walker, Alabama.
 Ben Hill Webster, North Carolina.
 Joseph J. Wolk, New York.

PRIZEMEN.

University Prize, *Gold Medal*—Albert S. Loewenson.

Honorable Mention,

Jose Angel Davila.

DOCTOR OF PHARMACY.

A. S. Bradley, West Virginia.
 Allan T. Hartman, Maryland.
 Harry A. Kinnamen, Maryland.
 John E. Lillich, Pennsylvania.
 Benjamin Mellor, Jr., Maryland.
 John T. Meeth, Maryland.
 Luther F. Mitchell, Maryland.
 Jamie A. Parlade, Cuba.
 John J. Pivec, Maryland.
 Wilmer H. Schulze, Maryland.
 Harry R. Showacre, Maryland.
 Norman F. Storm, Maryland.

PRIZEMEN.

Gold Medal for General Excellence and Simon Prize in

Practical Chemistry,

Wilmer H. Schulze.

Junior Class—Honorable Mention (in Order of Mention).

Arthur H. Eise,

S. Fred Marshall.

ITEMS

The following testimonials from the chairman of the Executive Council of the Association of American Medical Colleges and from the secretary of the Association show the estimation in which our late beloved dean, Prof. Robert Dorsey Coale, was held in the highest medical educational circles:

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

"May 22, 1915.

"Dr. Randolph Winslow,

Baltimore, Md.:

"Dear Doctor—I was shocked to receive the clipping announcing the death of Dorsey Coale. My association with you and Dorsey Coale has been that of personal friends. While not so well acquainted with the latter, I have always held him in the highest esteem. His demise will be a great personal loss to you. Confidences are formed through long years of association that when severed makes one feel that a part of his own life has gone out. I have nothing to say that will in any way mitigate the sorrow that you and all the rest of us feel in his untimely death.

"With many regards, I remain,

"Sincerely yours,

"W. J. MEANS, M.D."

"May 22, 1915.

"Dr. Randolph Winslow,

Baltimore, Md.:

"Dear Doctor—I was very much shocked to receive your clipping, announcing the death of our dear friend, R. Dorsey Coale. While this was not entirely an unexpected piece of news, owing to his uncertain state of health when in Chicago last February, still the death of a friend always comes to one as a distinct shock. He was such a lovable fellow, so kindly, honest and upright, and such a good friend that his passing away is a distinct loss. Those of you who have associated with him daily will surely miss him, and the students of the school have lost one of their best friends, because I often heard it said that the Colonel was as a kind brother to all of them. The school has profited from having had such a splendid administrative officer, and his friends have lost a true friend.

"With kindest regards, I remain, as ever,

"Very sincerely yours,

"FRED C. ZAPFFE."

RESOLUTIONS ADOPTED BY THE FACULTY OF PHYSIC OF THE UNIVERSITY OF MARYLAND ON THE OCCASION OF THE DEATH OF PROF. R. DORSEY COALE, PH.D., M.D., DEAN:

The faculty of physic of the University of Maryland wishes to give expression to the great sorrow and loss which has come to it through the death of Prof. R. Dorsey Coale, who for 32

years had been professor of chemistry and toxicology in and for many years dean of the Medical Department of the University.

Professor Coale was a man of ripe judgment, conservatism and loyalty; at all times devoted to the traditions and best interests of the University. As teacher and dean he gave his best efforts to the upbuilding of the school which he served with unselfish fidelity.

Though struggling with impaired health for some months, he continued his work until he fell in his chair at his post of duty, stricken with apoplexy.

By his intellectual gifts, integrity and genial personality Professor Coale had won the respect, esteem and affection of his colleagues of the faculty, of the student body and of the alumni, who deeply sympathize with his family and friends in their great grief.

Resolved, That these resolutions be placed on the minutes of the faculty; that a copy be sent to the family of Professor Coale, and that the same be published in the daily press.

ARTHUR M. SHIPLEY,
Acting Dean.

Dr. and Mrs. Joshua Rosett of 1318 N. Charles street have been visiting friends in Western Pennsylvania for several weeks.

The Alumni Association of the College of Physicians and Surgeons held its annual banquet at the Hotel Rennert, Monday, May 31. Members of the graduating class were also present.

Dr. Melvin Rosenthal presided and introduced the speakers, who were Dr. Standish McCleary, for the faculty; Dr. F. D. Sanger, for the alumni, and Dr. J. L. Conarton, for the class of 1915. All during the dinner there were songs by the various classes and many of the old college yells were given. The dinner committee consisted of Dr. H. K. Fleckenstein, Dr. Alexis McGlannan and Dr. C. E. Brack.

Dr. T. A. Ashby, who has charge of the alumni organization, has during the past two months visited the alumni in several States and organized local alumni associations.

He attended the meeting of the State Medical Association of South Carolina at Greenwood on April 22 and organized an alumni association

with Dr. Curran B. Earle, class of 1896, of Greenville, as president, and Dr. Claude C. Gambrill, class of 1898, of Abbeville, as secretary.

On April 23 and 24 he attended the meeting of the Medical Association of the State of Georgia at Macon and organized an alumni association for Georgia with Dr. Edgar G. Ballenger, class of 1901, of Atlanta, as president, and Dr. Oscar L. Rogers, class of 1897, of Sandersville, as secretary.

On May 15 Dr. Ashby attended a meeting of the West Virginia State Medical Association at Huntington, where he met a number of the alumni and organized an alumni association in West Virginia with Dr. Henry R. Johnson, class of 1892, of Fairmont, as president, and Dr. Emory W. Stickler, B. M. C., class of 1893, of Fairmont, as secretary.

Dr. Ashby also visited the Alumni Association of New England, which met in Boston on the evening of June 8. The University of Maryland has nearly 500 alumni in New England, and a very large Alumni Association in active work.

On June 15 Dr. Ashby will attend the meeting of the Alumni Association of North Carolina, which meets at Greensboro, N. C. The University has over 400 alumni in the State of North Carolina.

On July 15 Dr. Ashby expects to attend the meeting of the New York State Alumni, which meets at Lyons, N. Y., and will be entertained by E. W. Carr, M.D., president of the association. The University of Maryland has over 200 alumni in the State of New York.

We have been requested to publish the following notice:

During the summer recess the hours at the University Library will be from 10 to 2 o'clock daily.

In order that those connected with the University may keep in touch with the work of its alumni, we have been asked to request that all members of the medical alumni who have written or may write articles will send copies of their published writings and reprints of their papers from medical journals, etc., to the University Library. These will eventually be bound in volumes as "Contributions to Medicine, Surgery," etc., by the Alumni of the University of Maryland.

At the seventeenth annual meeting of the American Proctologic Society, which will meet in San Francisco, Cal., June 21 and 22, 1915, Dr. Samuel T. Earle, class of 1870, will read a paper entitled "A Review of Proctologic Literature for 1914."

The following were recent visitors to the University Hospital: Drs. William T. Gibson, class of 1909, of Batesburg, S. C.; Charles A. Goettling, Jr., class of 1910, of Middleburg, Va.; Lewis Kyle Walker of Ahoskie, N. C., and Charles L. Schmidt of Union Bridge, Md., both of the class of 1911, and William E. Gallion, Jr., class of 1912, of Darlington, Md.

The graduating class of the University Hospital Training School for Nurses attended a Baccalaureate Service at St. Paul's Episcopal Church at 7 A. M., May 13, after which an elaborate breakfast was served at the Rennert, which was given by Miss Nettie Bay in honor of the class, and which was attended by the staff nurses of the hospital.

The graduating exercises were held in the evening at Lehmann's Hall. The Rev. Arthur B. Kinsolving offered prayer. The address was delivered by Dr. Arthur M. Shipley. Dr. R. Dorsey Coale, late dean of the University, introduced Dr. Fell, provost of the University, who presented the diplomas and gave a brief but inspiring talk.

There were 18 graduates. They were:

Florence Matilda Skinner, Maryland.
 Betty Eliza White, Maryland.
 Florence Viola Meredith, Maryland.
 Lelia Irene Shields, North Carolina.
 Norma Irene Frothingham, Maryland.
 Nettie Mabel Bay, Maryland.
 Emily Ruth Conner, Maryland.
 Alfretta Myers, Maryland.
 Mabel Ione Lea, North Carolina.
 Ruth Cundiff Stoneham, Virginia.
 Elizabeth Blanche Beazley, Virginia.
 Elizabeth Nordt, Maryland.
 Elva May Boor, Pennsylvania.
 Lillian Kemp McDaniel, Maryland.
 Bertie Susan Pinckard, Virginia.
 Martha Etta Coppersmith, Maryland.
 Gertrude May Dilly, West Virginia.
 Corinne Loraine Bogart, West Virginia.

While driving his automobile on the night of May 27, Dr. Nathan Winslow ran into and knocked down Dr. Frederick Williams of 203 N. Fremont avenue. Dr. Williams was knocked unconscious and his nose badly cut. He was taken to the University Hospital, where several stitches were taken in his nose. Dr. Williams had just gotten out of the way of another automobile when he was struck by Dr. Winslow's machine.

Plans to merge the University of Maryland Medical School and the College of Physicians and Surgeons have at last been consummated. The new school will be known as the University of Maryland and the College of Physicians and Surgeons. In consequence of the merger, the city will have but two medical schools in the future—the new combined one and Johns Hopkins.

Also, in consequence of the merger, the combined school, it is practically certain, will receive from the regents of the Maryland State University \$15,000 for each of the years 1915 and 1916. An act of the last Legislature, which created the Maryland State University, gave that institution the sum named to be used for medical education in the State. The regents of the State University have withheld the money, pending the consummation of the plans. Neither of the schools now receives State aid.

The University of Maryland regents will be increased to include eight men as representatives of the College of Physicians and Surgeons; and the medical faculty of the University, which numbers 11 men, will be increased by 10 from the Physicians and Surgeons, making 21 in all. There will be no resignations.

The plan of merger provides that the first and second year classmen of the schools will be taught by the combined faculty, probably in the buildings at the University. The third and fourth year classmen will be taught separately—that is, the University men at the University and the Physicians and Surgeons men at the College—and by their present respective faculties.

The new school will have three hospitals—the University, Mercy and the Maryland General. Incidentally, the University of Maryland, after the merger, will have 1499 students, not counting those at St. John's College, which constitutes the University's department of arts and sciences. If

the roster of the latter institution be included, the student body of the University will number 1694.

Work upon the merger has been under way for months. As stated, the last Legislature created the Maryland State University, the constituent members of which are all the colleges receiving State aid. State Senator William Milnes Maloy was the author of the measure creating the university, and has served as its provost without pay. The purpose sought in the creation of the university was the prevention of unnecessary duplication of departments in State-aided institutions. And the State University authorities, having \$15,000 a year for two years to apply to medical education, have sought to bring the two schools together, so that the money might be given them without duplication of effort and energy.

In the meantime, the faculties of the schools were seeking a basis for combination, and finally they worked out one for themselves. They were assisted in the negotiations by William L. Marbury and J. Walter Lord, representing, respectively, the College of Physicians and Surgeons and the University of Maryland Medical School. Both faculties realized that medical education is so expensive in this day that tuition fees do not yield sufficient and that there must be either a considerable endowment—such as the Hopkins has—or State aid.

The University of Maryland Medical School was established in 1807, and the College of Physicians and Surgeons in 1872. Dr. Arthur M. Shipley is acting dean of the former and Dr. William F. Lockwood is dean of the latter. The combined school will be affiliated with the Maryland State University after it receives State aid.

It is worth noting that the University of Maryland Law School recently absorbed the Baltimore Law School, so that there is now only one law school in the city.

The Maryland State Association of Graduate Nurses gave a tea to the visiting nurses who were delegates to the Convention of Charities and Correction on May 14 at Arundel Hall, Eager street.

The Nurses' Alumnae Association of the University of Maryland gave a reception to the graduating class on the evening of May 14 in the Nurses' Home. Miss Alice F. Bell gave a very interesting talk to the nurses on the opportunities

and requirements in the various fields of nursing. Refreshments were served and a most enjoyable evening spent.

Miss Mary E. Lent, superintendent of nurses of the Instructive Visiting Nurses' Association, and Miss Eleanor Jones of the Tubercular Division, Public Health Work, gave interesting talks on the requirements and opportunities in Public Health Nursing to the graduating class on the afternoon of May 7.

Dr. Ernest Zeublin, professor of medicine at the University, who has been a patient at the University Hospital, suffering from an infected leg, is much improved and able to be out. We wish him a speedy recovery.

Miss Bessie Roussey, University Hospital Training School for Nurses, class of 1914, has been appointed a nurse in the Public Health Work, tuberculosis division.

Miss A. L. Wham, University Hospital Training School for Nurses, class of 1909, supervisor of nurses of the operating-rooms, who has been confined to the hospital by illness, has recovered.

We are glad to learn that Dr. Harry M. Robinson, class of 1909, of 2010 Wilkens avenue, who was operated on at the University Hospital May 9 for ruptured appendix, is getting along so nicely. He has returned to his home, where he is steadily gaining his strength.

Dr. Herbert H. Frazier, Baltimore Medical College, class of 1893, of Hanover, Mich., was a visitor to the hospital during the last part of May. Dr. Frazier is president of the Hillsdale County Medical Society.

The Medical Alumni Association held its annual meeting at the Emerson Hotel at 7 o'clock P. M., May 31, 1915. Immediately following the business meeting the members adjourned to the roof garden, where the annual banquet was held. The faculty of physic acted as host, and over 140 doctors, including the members of the graduating class, were present.

Dr. James H. Jarrett, president of the association, was unable to be present, owing to illness.

Dr. Jarrett is 84 years old, and is not only one of the oldest members of the association, but one of the oldest living graduates of the University of Maryland. This banquet was the first he has missed since his graduation. In his absence Dr. Joseph T. Smith delivered the introductory address.

Dr. G. Lane Taneyhill was toastmaster. He introduced the Rev. Dr. De Witt M. Benham, pastor of Eutaw Place Presbyterian Church, who delivered an illustrated lecture upon his travels in England. Addresses were delivered by Dr. Thomas A. Ashby, representing the faculty of physic, and L. A. Bowie, representing the class of 1915. W. G. Horn and James M. Price sang several solos.

Officers for the coming year were elected, as follows: President, Dr. Albert J. Carroll; vice-presidents, Dr. W. E. Wiegand, Dr. J. C. Clarke and Dr. C. C. Lockard; recording secretary, Dr. M. O. Reik; assistant, Dr. Howard Jones; treasurer, Dr. John Houff; corresponding secretary, Dr. J. I. Pennington; executive committee, Dr. G. Lane Taneyhill (chairman), Dr. B. Merrill Hopkinson, Dr. A. D. McConachie, Dr. C. R. Winterson and Dr. Irving J. Spear.

The following is a copy of the letter sent by the Faculty of Physic of the University of Maryland to each member of the Baltimore Medical College Alumni Association:

"University of Maryland,

"N. E. Corner Lombard and Greene Sts.,
"Baltimore, Md.

"Dear Doctor—As a result of the merger of the Baltimore Medical College with the University of Maryland, the alumni of the Baltimore Medical College have been left without an alma mater.

"It was, however, provided in the merger that the alumni of the Baltimore Medical College should have all the rights and privileges as alumni of the University of Maryland.

"To give a proper recognition of this agreement growing out of the consolidation of the two schools, the regents of the University of Maryland have authorized the Faculty of Physic of the University of Maryland to issue a diploma to the alumni of the Baltimore Medical College, reciting the facts and giving a definite status to said alumni in their relation to the University of Maryland.

"This diploma will be a handsomely engraved and engrossed document, in Latin, 15x20 inches, bearing the seal of the University of Maryland and signed by the provost of the University and dean of the Faculty of Physic.

"As a considerable expense will be involved in issuing this diploma, the regents of the University of Maryland instructed the Faculty of Physic to charge a fee of \$10 for the same.

"The undersigned has been authorized to bring this matter to the notice of all the alumni of the Baltimore Medical College and to issue said diploma to such of the alumni as may wish to obtain it. It is believed that this diploma will be of value to the alumnus of the Baltimore Medical College, as a number of the alumni have expressed a desire to have it.

"If it is your wish to have this diploma, be kind enough to fill out the enclosed card and return the same to the undersigned.

"Very respectfully,

"T. A. ASHBY,

"Chairman of the Alumni Association."

Dr. Gideon McD. Van Poole, class of 1899, Major, Medical Corps, U. S. Army, on duty at Schofield Barracks, Hawaii, writes us as follows:

"Schofield Barracks, H. T., May 7, 1915.

"*The Hospital Bulletin Co.*,

"608 Professional Building,

"Baltimore, Md.:

"Gentlemen—Enclosed you will find check for two years' subscription to THE BULLETIN, which please enter to my credit.

"THE BULLETIN acts as a tonic in bringing back to us the names and doings of our friends, especially so in my case, as we in the army are separated from our former friends and acquaintances and have to depend upon the medium of THE BULLETIN, which has always kept me well informed.

"What do you think of advocating a plan similar to the following: Say that each class will have a reunion at the old University each decade, and as many of the members as are able will attend, the reunion to be held during the graduating exercises and the professors to hold some special clinics for the benefit of us who have grown 'rusty' in our routine lives.

"This would bring the classes together and generate a certain amount of esprit de corps

among the alumni. Also, the younger members would join in with the older ones and keep up a continuous process, *e. g.*, the class that graduated in 1905 would meet this year and get acquainted with the members of the present graduating class, and they would affiliate with each other, and again with those to graduate in 1925, so an endless chain would be formed that would bring alumni back each year.

"I would like to go back to our University often, but there is always something turning up at the last moment that prevents it. Now, with some such scheme as the above I would make many sacrifices to be able to attend the reunion, and I believe that many others feel the same way about it.

"You might start 'the ball rolling' by asking for comments in THE BULLETIN.

"We all hope to eventually see the University the grandest institution of learning of its kind in the world, and by hanging together and working toward that end we shall accomplish what we desire.

"My best wishes are always with you.

"Sincerely yours,

"G. M. VAN POOLE,

"Major, Medical Corps, U. S. Army."

Dr. J. A. Seligman, class of 1892, and Mrs. Seligman of 1920 Linden avenue have returned from a trip to Atlantic City.

Dr. J. Fred Adams, class of 1894, and Mrs. Adams have reopened their country home on Rolling road, near Catonsville, after spending the winter at their town house, 1314 N. Charles street.

Miss Luhn Stepp, University Hospital Training School for Nurses, class of 1914, has resigned her position as night supervisor of nurses at the hospital and will engage in private nursing. She is located at 1403 Madison avenue.

Dr. Henry B. Thomas of 1007 Cathedral street recently entertained at dinner 25 members of the Medical Reunion Club.

Mrs. Bertie Mae Sigmon, University Hospital Training School for Nurses, class of 1914, has been appointed superintendent of nurses at the Chester Hospital, Chester, S. C.

Miss Virginia McKaye, University Hospital Training School for Nurses, class of 1910, has been appointed superintendent of nurses of the Walker Memorial Hospital, Wilmington, N. C.

Misses Meredith, Shields and Skinner, class of 1915, have located at 2731 Maryland avenue, and Miss Frothingham at 1716 Wilkens avenue. They will do private nursing.

Miss Marguerite Walter, University Hospital Training School for Nurses, class of 1916, was operated on for appendicitis at the hospital on the 12th and is on the convalescent list.

We are in receipt of the following letter from Dr. Walter M. Winters, class of 1910, of Paterson, N. J.:

"May 25, 1915.

"Hospital Bulletin Co.,

"Baltimore, Md.:

"Dear Dr. Winslow—Enclosed please find check for \$1 to pay for THE HOSPITAL BULLETIN, which I always look forward to and enjoy reading.

"Just a few words in regard to an experience of last summer. I left Paterson last June for a trip of two months. From Paterson I went to Chicago, and from there to St. Paul; then to Glacier National Park, Montana, where I spent a month; from there to Spokane, Wash., where I called on Dr. J. S. Matthews, class of 1905. Dr. Matthews is very successful in his practice, and gave me a very delightful time. While there I was entertained at the Spokane Club.

"Having been in communication with Dr. Maurice E. B. Owens, class of 1910, who is practicing at Long Lake, Wash., I took a trip out to see him, spending two days there, which I enjoyed very much. Dr. Owens is a proud father. He is happy and prosperous, and lives like a prince. In fact, he is the most successful young doctor I know of. From the way he spoke, he expects to retire soon and return East. From Long Lake I returned to Spokane, and went from there to Portland, Ore., where I called on Drs. Frank and Max Fiery, who are practicing there. It is the custom in the Western cities to have offices in the shopping district. The Fiery brothers has a suite of offices on a large scale in the shopping district; also an automobile. Dr. Max was taking care of the practice, as his brother

had left a day previous on a visit to Baltimore. I spent three days in Portland. Leaving Portland, took Shasta Route to San Francisco, thence the Sunset Route to Los Angeles, El Paso, New Orleans, Atlanta, Washington, Baltimore, and then back home, making a number of stop-overs and side trips on the way back. Very sorry I was unable to stop at Baltimore, having very little time to spare. Hope to take a trip to Baltimore in the near future.

"Well, for myself, have been fairly successful, and practice seems to have a bright outlook.

"Kindly remember me to the faculty and members of my class—1910. "Sincerely yours,

"W. M. WINTERS,
"Class of 1910."

BIRTHS

To Dr. John William Robertson, class of 1909, and Mrs. Robertson, of Onancock, Va., May 30, 1915, a daughter—Elizabeth Sue Robertson.

MARRIAGES

Dr. Lewis Kyle Walker, class of 1911, of Ahoskie, N. C., to Miss Grace Belle Stoneham, University Hospital Training School for Nurses, class of 1914, of Monaskon, Va., at "Maidley," Monaskon, May 26, 1915. Dr. and Mrs. Walker will be "At Home" to their friends after the second of June at Ahoskie, N. C.

Dr. Ernest William Frey, class of 1912, to Miss Mary Jeanette Disney, both of Baltimore, Md., at Baltimore, March 22, 1915.

Dr. Henry Latimer Rudolph, class of 1902, of Gainesville, Ga., to Miss Annie Louise Pagett of Atlanta, Ga., at Atlanta, June 2, 1915. Dr. and Mrs. Rudolph will reside in Gainesville.

Dr. Thomas Marshall West, class of 1908, of Fayetteville, N. C., formerly of Catonsville, Md., to Miss Florence D. King, University Hospital Training School for Nurses, class of 1910, of Howard county, Maryland, at Washington, D. C., May 12, 1915. They will make their home at Fayetteville.

Dr. Clarke Jackson Stallworth, class of 1912, of Republic, Mich., to Miss Mary King, May 5, 1915. Dr. Stallworth was formerly at Consul, Alabama.

Dr. William Luther Byerly, class of 1911, of 1229 Maryland avenue, Baltimore, to Miss Mary E. Jackson, April, 30, 1915. Dr. Byerly is engaged in general practice.

DEATHS

Dr. Niles Harrison Shearer, class of 1866, a member of the Medical Society of the State of Pennsylvania and American Academy of Medicine, surgeon of volunteers during the Civil War, a druggist and financier of York, Pa., died at his home in that city, May 5, 1915, aged 73 years.

Dr. Frank Huske Holmes, class of 1895, of Clinton, N. C., a Fellow of the American Medical Association; formerly president of the Sampson County (N. C.) Medical Society; Major and Surgeon, N. C. N. G.; Superintendent of Health of Sampson County, died in a sanatorium in Asheville, N. C., April 18, 1915, aged 45 years.

Dr. Jefferson D. Wright, class of 1882, a physician and druggist of Louisville, Ga., died at his home in that place, April 14, 1915, aged 54 years.

Dr. John D. Dickerson, Baltimore Medical College, class of 1892, a Fellow of the American Medical Association and a well-known practitioner of Stockton, Md., died in Wilmington, Del., December 25, 1914, from heart disease, aged 57 years.

"Then fell upon the house a sudden gloom,
And softly from that hushed and darkened room
Two angels issued where but one went in."

It is with mingled feelings of sadness and regret that we announce to our readers the sudden death of our much-beloved dean, Dr. Robert Dorsey Coale, at the University Hospital, May 18, 1915, from an attack of paralysis, aged 57 years.

Dr. Coale, who was professor of chemistry and toxicology, and for years dean of the Medical School of the University of Maryland, and a former member of the Fifth Regiment, Maryland National Guard, was born in the city of Baltimore, Md., September 13, 1857, son of George Buchanan Coale and Caroline Dorsey Coale. He acquired his elementary education in the Baltimore schools, after which he entered the Pennsylvania Military Academy at Chester, Pa., where he was graduated with the degree of C.E. in 1875.

In July, 1876, he applied for a studentship at Johns Hopkins University, and in that connection enjoyed the unique distinction of having been the first matriculant at that famous institution, his "ticket" being "No. 1." At the University he took a special course in chemistry, was appointed Fellow in Chemistry for the academic year 1880-1881, and was graduated with the degree of Ph.D. in June of the latter year. For the sessions of 1881-1882 and 1882-1883 he was assistant to the Chair of Chemistry, but on August 10, 1883, he was appointed to a lectureship on chemistry and toxicology in the Medical Department of the University of Maryland, and on March 6, 1884, was elected to the faculty in that chair. Since that time Dr. Coale had been a conspicuous figure in the University life, especially in the Department of Medicine, and also as a member of the Board of Regents. On the death of Dr. Michael, December 8, 1895, he was elected his successor as dean of the faculty of physic, and served until June, 1897. He was re-elected to the same office May 29, 1900, holding same up to the time of his death. As dean of the Medical School of the University Dr. Coale had labored zealously in the interest of that department of the institution. He was beloved by the graduates and students of the school.

At the commencement of the University of Maryland in May, 1912, the degree of doctor of medicine was conferred upon him.

For over 20 years Dr. Coale served as an officer in the Maryland National Guard, and at the outbreak of the Spanish-American War was lieutenant-colonel of his regiment, and when the command was mustered into the United States service as the Fifth Maryland Volunteer Infantry, he was commissioned its colonel. The regiment was intended for active service in Cuba, but owing to lack of transportation facilities it was held in camp until the close of the war. On the return to Baltimore Colonel Coale resumed his former commission of lieutenant-colonel. He retired as an officer of the regiment in 1909. Just three weeks ago he was given the title of brevet-colonel as a reward for his service as colonel of the Fifth Maryland Regiment during the Spanish-American War.

Under Governor Lowndes he was for four years Liquor Licence Commissioner of Baltimore.

Dr. Coale married, November 15, 1892, Minna Howison, daughter of Captain John W. Howison, U. S. R. C. S., who died several years ago. He

is survived by one sister—Mrs. Francis T. Redwood.

In the death of Dr. Coale the University of Maryland has suffered an irreparable loss, as many matters of importance must be solved in the near future. His death comes at a very inopportune time, for, endowed as he was with a judicial trend of mind, he was justly looked upon as the balance wheel of the faculty. Another dean can be obtained, another professor of chemistry, but withal death leaves a void hard to fill.

BOOK REVIEWS

PRACTICAL BANDAGING, INCLUDING ADHESIVE AND PLASTER OF PARIS DRESSINGS. By Eldridge L. Eliason, A.B., M.D., Assistant Instructor in Surgery in the University of Pennsylvania Medical School; Assistant Surgeon, University of Pennsylvania Hospital; Assistant Surgeon, Howard Hospital; Member of the College of Physicians of Philadelphia. 155 Original Drawings and Photographs. Philadelphia and London: J. B. Lippincott Company. 1914. Cloth, \$1.50 net.

Too little importance is attached by the profession generally in the method of applying bandages. There is a right way and a wrong way. The student and nurse should be taught the right way. This little book of Dr. Eliason should prove invaluable to beginners in setting them in the right path to properly bandage. The whole field is covered in simple, non-technical terms, so that beginners should find no difficulty in comprehending what he is trying to describe. The volume is so well illustrated that descriptive notes seem almost a superfluity. It is with pleasure that we recommend the book to our readers, thoroughly believing it will meet their demands.

E. MERCK'S ANNUAL REPORT, 1913. VOLUME XXVI. New York, 45 Park Place.

E. Merck's Annual Report for 1913 is devoted to the recent advances in pharmaceutical chemistry and therapeutics. The first article is a most instructive discussion on lecithin. The volume is supplemented by an article by Prof. R. Heinz on the "Standardization of Digitalis Preparations." As the edition is limited, those desirous of same can obtain by mailing promptly the forwarding charges of fifteen cents, in stamps, no charge being made for the volume itself.

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No. 5

THE CRITICAL PERIODS OF A WOMAN'S LIFE.*

*The Scenes Shifting Through the Periods of
Childhood, Girlhood, Maidenhood, Mother-
hood and Womanhood.*

By HENRY D. FRY, M.D.,
Professor of Obstetrics, Georgetown University,
Washington, D. C.

The hygiene of the girl demands attention one hundred years before her birth. The alcoholic parent may produce a feeble-minded child; the feeble-minded child will grow up and propagate feeble-minded children, and the pernicious strain once started will be carried into future generations. It has been stated on good authority that the money spent annually in the United States for the care of the feeble-minded is sufficient to pay the cost of building the Panama Canal once every 10 years.

Not only does the mind of the offspring suffer when the parents are unfitted to rear children because of unsound minds encased in unhealthy bodies, but the physical life of the child is also endangered.

One of the most important and far-reaching periods of a woman's life is when the time has arrived for her to make the selection of a husband. They should be temperamentally fitted; they should be physically and mentally equipped to be parents. The marriage ceremony should not be "entered into unadvisably or lightly, but reverently, discreetly, advisedly, soberly and in the fear of God."

"The social aim of marriage is not simply the production of children who are to continue the race, but of children born in conditions of vitality and physical health; it is to produce a race well formed and vigorous, not to procreate beings infirm and stamped with physical and mental inferiority, destined to early death or to drag out a miserable existence of invalidism." (Morrow.)

There is no justification for one moral law for man and another for woman. A woman has as much right to demand purity as a man. Man is permitted to "sow his wild oats," and when he marries his innocent wife and her children suffer for his misdeeds. "We shall know them by their fruits. Do men gather grapes of thorns, or figs of thistles?"

On the other hand, healthy children may be born of healthy parents; they inherit every right to develop into sturdy, useful members of society; but ignorance or improper rules of living sap their vitality as much as vegetable life will suffer from the want of air, sunshine, water and soil.

Girls, particularly, fall a prey to the evils of unhygienic living. Modern life with the demands of social customs, premature indulgence in the pleasures of society, faulty dress, carelessness at the menstrual periods, overdevelopment of the mind at the expense of the body—these are some of the pitfalls which hinder the progress of girlhood in preparation for carrying her through the critical periods of her life. A well-known writer has truly said: "The care of the health of the growing girl begins with the education of the mother."

Statistics show that 106 boys are born to every 100 girls. This numerical superiority of the males is later reduced by the more hazardous

*Reprinted from the *Hospital News*, March, 1915.

nature of their life work. For the first 12 or 14 years of their lives the characteristics of the two sexes are masked. Nature has implanted instincts that should be followed. Boys and girls have an innate restlessness and want to be on the move at all times; encourage them to exercise in the fresh air. No matter how prim parents may be, their children are nothing more than playing animals. From 6 to 10 or 14 years of age let the girl play with other girls and with boys of her age. Foster a love of sport, and do not tie her to her mother's apron strings. She may get some bruises or cuts, but her mental and physical development get the benefit of an active life. In the winter let her go skating, snowballing, coasting, etc.; and when she comes home with wet feet, change her stockings and shoes. At proper seasons basket-ball, tennis, golf, horseback riding and such outdoor sports are helpful to prepare her for the critical periods of her life. Have her taught to row a boat and to swim. To deny girls these pleasures on account of any danger incurred, and, when older, to permit her to whiz along country roads in an automobile, is like straining at a gnat and swallowing a camel.

So much for the physical preparation. Now what about the mental? Just the opposite course. Keep the mind inactive until nature has prepared it for action. Balance the physical and mental forces by promoting the former and holding in check the latter. The brain of the child develops rapidly, and reaches nearly its full weight at the end of the eighth year. Problems of education are those of evolution—problems in growth and development; and development waits upon growth. "First the blade, then the ear; after that, the full corn in the ear." Education should begin, then, about the eighth year, and study at first ought to be more play than work. Instead of developing the muscles of the trunk and locomotion, attention is directed to muscles of vocalization, muscles of the hand in writing, and later the more complicated movements necessary to train them for running over the keyboard of the piano. (Hartwell.)

One writer thinks close application to the study of music is particularly deleterious because of "the emotional influence and expenditure of nervous energy demanded."

The generative organs are the last to develop in the growing girl, and, unfortunately, the period of maturity coincides with the period of

greatest nervous and physical strain. Overstudy in high school and college, want of fresh air and outdoor exercise, luxurious living, rich and improperly cooked food, rapid eating, the temptations of the soda water fountain and confectionery stores, high-heeled shoes—these are some of the pernicious influences exerted to thwart Nature in her preparation and development for the struggle of life. Mention should be made to condemn the latest style of wearing apparel. Low shoes and short skirts in winter and the low-cut V shirtwaists exposing the chest of the wearer to the cold air tend to produce, ultimately, deafness, rheumatism and heart disease. Many girls grow up nowadays with undeveloped generative organs. It is the Nemesis of the same pernicious life indulged in by their progenitors, and their sins are visited "upon the children, unto the third and fourth generation." Athletic sports and outdoor life are more in vogue now, but the beneficial influence will be demonstrated more in the life of future generations than in the present. It takes as long for good habits to bear fruit as for bad ones to destroy it. At the budding time of a girl's life the allurements of society entice her prematurely within its toils. Dances, the theater and a late hour for retiring one day do not fit her for the teas, luncheons and receptions of the next, to say nothing of the abuse of her digestive organs with rich dishes, sweetmeats and ices.

PUBERTY.

We may say the first critical period of a girl's life is the time when she arrives at her puberty. She changes mentally and physically. She is passing from childhood to womanhood—the bud is unfolding into the flower. Frivolous amusements, toys and childish games no longer appeal to her; she enters a new phase of life with new thoughts, desires and emotions. She is now modest, retiring, dignified, and feels her sense of duty in life. St. Paul describes it when speaking of puberty in the opposite sex. He says: "When I was a child, I spoke as a child, I understood as a child, I thought as a child; but when I became a man, I put away childish things." During puberty of the girl psychical changes accompany the physical. Her pelvis enlarges and breasts increase in size; the one indicating preparation for childbearing, the other provision for the nourishment for the offspring. The hips broaden, angular lines

of the body are filled out by the deposit of adipose tissue, the figure becomes rounded and graceful.

MENSTRUATION.

The periodical flow of blood from the womb, menstruation, marks the child-bearing period of the woman's life. It begins at puberty and ends at the menopause or "change of life," lasting about 35 years. The periodical recurrence of this flow occurs once in 28 days, about 13 periods a year, of an average duration of 5 days each, make a woman spend 5 or 6 years of her life in menstruating. The function of the ovary remains quiescent during the growth of the girl, but at the time of puberty the developed ova are accompanied by the menstrual process. At such times the girl is subject to periods of discomfort, a feeling of weight and heat in the back and loins, of tenderness in the breasts, and dark circles may appear under the eyes. She complains of chilliness, reflex nervous symptoms are exaggerated, and hysterical symptoms are common. Only a small degree of discomfort should be experienced at such times in healthy women with well-developed organs of generation, but, unfortunately, a large percentage of women of the present generation suffer pain at this time; pain varying in degree and duration. Young girls who reach the critical age of puberty with organs unprepared by Nature for the establishment of ovulation and menstruation suffer pain at such times from the beginning of their menstrual life. Other girls, better equipped physically, begin their menstrual career normally and painlessly, but later in life join the suffering class because of indiscretion. Carelessness in dress and mode of living are particularly fraught with danger at each time of recurrent monthly congestion. Insufficient protection of the body against the effect of cold; wearing low shoes in winter; cold baths at or near the menstrual period; low evening dresses, exposure of the body to rapid chilling when overheated after dancing and coming out of entertainments are some of the pernicious influences. A word of warning may be given against the habit of taking alcoholic stimulants to relieve the pain. Whiskey and gin are popular remedies, while many of the patent medicines advertised as harmless contain from 20 to 30 per cent. of alcohol. I have personally known of inebriety resulting.

PREGNANCY.

At puberty the girl is capable of reproducing her species, but Nature has not yet fitted her physically or mentally to undertake such a sacred duty. From 4 to 6 years should elapse between puberty and nubility. One is capability and the other fitness for reproduction. Plato showed his wisdom when he wrote: "A woman may bear children to the State at 20 years of age." Pregnancy inaugurates a series of changes local and general. As would naturally be expected, the local changes are focalized in the womb because it is the habitat of the future offspring. The organ increases rapidly in size and weight to accommodate the growing product of conception; it supplies oxygen and nourishment for its intra-uterine development; it eliminates the waste products of metabolism; it protects the baby from mechanical injuries, and finally, it builds up strength within itself to expel the infant into the world when it has been fitted for extrauterine life. The condition makes a double demand upon the system of the pregnant woman; she must eat and assimilate for two; breathe for two and eliminate for two. The waste products of nutrition circulate in her system as poisonous agents, and unless excreted promptly they will accumulate and produce a toxemia. A slight degree of toxemia is the rule in pregnant women. The ordinary morning sickness is usually an expression of toxemia. Nature fortunately is equal, as a rule, to the task imposed upon her at such times. The liver and certain ductless glands oxidize and disintoxicate the poisonous products, rendering them inert and prepared for elimination through the kidneys, bowels and skin. Pregnancy, it is true, is a physiological process, but it may pass the border line of health and become pathological. Let me emphasize the importance of placing every pregnant woman under careful medical supervision during the entire period. To recognize the onset of trouble and by early treatment to correct it saves many lives of both mothers and children. A woman about to become a mother should be watched; insufficiency of the functional activity of any of her organs should be corrected promptly—in other words, she should be brought up to a physical and mental condition that will fit her to pass safely through the childbirth.

LABOR.

After 170 or 180 days from conception, Nature has prepared a perfect product for independent existence, and after a period of suffering the child is born. No more striking antithesis between action and inaction, pain and relief, sorrow and joy, can be found than in the transition from labor to the birth of the baby. "A woman when she is in travail hath sorrow, because her hour is come; but as soon as she is delivered of the child she remembereth no more the anguish, for joy that a man is born into the world."

Prejudice against the relief of pain in childbirth is old. In 1591 a poor woman was burned to death in Edinburgh for employing charms and other means of casting off the pains of labor, and yet Edinburgh was destined to be the cradle of obstetric anesthesia. There it was that Sir James Y. Simpson first used ether to allay the suffering of childbirth, on January 19, 1847. On the 10th of February of the same year he brought the subject to the attention of the Obstetrical Society of Edinburgh. The practice was taken up by others. In February and March, 1847, it was used in London; then in Paris, Germany, Boston and Dublin, in the order named. Ether and chloroform were new discoveries at that time, and the introduction of anesthesia for this purpose met opposition in all countries, and led to many bitter controversies. In the United States the fight against it was headed by the best and most influential obstetricians of that time—Meigs, Hodge and Bedford. After the lapse of years it is amusing to read the arguments brought forward against the practice, and the theological tone which prevailed in some quarters is the most extraordinary feature of the whole affair. It was gravely asserted that the relief of pain during childbirth removed the maternal instinct. It was immoral because it produced a condition similar to that of intoxication. Various ill-effects were attributed to it—epilepsy, convulsions and insanity. The most popular argument against the relief of pain under these circumstances asserted that it was sacrilegious to thrust aside the decrees of Providence, and the Scottish clergy reviled Simpson for his work in opposition to the primeval curse: "In sorrow shalt thou bring forth children."

The committee appointed by the American Medical Association May 2, 1848, reported after investigation that the method was safe and bene-

ficial, and so the practice gradually fought its way to recognition. An impetus was given the movement when Dr. Snow used chloroform, April, 1853, to relieve the sufferings of Queen Victoria at the time Prince Leopold was born.

Ether or chloroform anesthesia is employed now almost universally to soothe the sufferings of the acute pains which immediately precede the birth of the child, but this leaves the woman unaided during the long hours of labor through which she must pass before reaching that period. Some agent was sought which could be used at the beginning of labor which would not prolong the process and which would bring relief without adding extra dangers to the mother or child. Such an agent, the scopolamine or "Twilight Sleep" treatment, emanated from German investigators in 1902. Recently the attention of the public has been directed toward this method by numerous articles published in the popular magazines and in the daily press.

Investigation, it might be said, was again forced upon obstetricians by the clamor of public opinion. The method employed at the Freiburg Clinic was carefully studied and followed, and as a result we are receiving reports from maternity hospitals which appear to bear out the claims of Kronig and Gauss. In 1907 I investigated the Twilight Sleep method and abandoned it as unsatisfactory to the mother and dangerous to the child. This was also the general verdict of others who had been induced to try the method. Recently I decided personally to undertake once more the Twilight Sleep treatment, and September 22, 1914, introduced it at my Obstetric Service at the Georgetown University Hospital. Contrary to former experiences, the result has been encouraging. The memory of the pains of childbirth have been abolished in two or three hours after the beginning of labor, and no babies have been lost. I now believe that my dissatisfaction and that of other investigators was due to the lack of close personal supervision. It cannot be left to the intern and nurses of the hospital until they have witnessed a number of cases and been made thoroughly familiar with the details of treatment without bringing unmerited discredit upon it. The physical and mental conditions of the woman must be studied every half hour in order to regulate the dosage of the scopolamine—too little or too much of the drug will defeat the success of the treatment. The interval of the re-

currence of the pains and their duration, the condition of the mother's pulse and the heart sounds of the infant must be carefully noted at frequent intervals. It will usually take several hours to obtain the Twilight Sleep, and this is determined by mental tests. These tests must also be repeated at half-hour intervals in order to bring and maintain that semi-conscious state of the mind necessary to success. The mental tests are made by asking certain pertinent questions. The patient then tries to arouse herself from her mental apathy; she makes no effort to concentrate her thoughts, and the answers will demonstrate whether or not she is in Twilight Sleep. We may ask how long since she has had her last hyperdermic injection, and in what part of her body was the injection made? We may show her some object and ask what it is, and in 20 or 30 minutes ask again what has been shown to her. For instance, I held up a bunch of keys before a patient and when questioned about it later, she said I had shown her my watchchain and pocket-book. After we have succeeded in obtaining this condition of the mind, it may be continued three or four hours without further medication, but as soon as the mental test becomes negative, the scopolamine must be administered again. During the state of Twilight Sleep the woman dozes during the intervals of pain, but when the pains recur, she may moan and move. An inexperienced onlooker might think the treatment a failure, but after the baby is born she falls into a refreshing sleep, and when she awakens some hours afterwards, feeling rested, she has lost all memory of her pains and doubts the truth that her baby is born.

The mental condition produced by the morphia-scopolamine amnesia is a peculiar one, and demands the elucidation of the psychologist. The woman dozes or sleeps between pains; she is not unconscious; she will attempt to answer questions or obey instructions.

What are the pains of labor? Pains of labor and contractions of the womb are synonymous terms. The contractions are the active forces which expel the infant into the world; the pains are co-incident and dependent on the contractions and due to twofold causes: the pinching or compression of the terminal nerve filaments between the muscular fibers of the womb, and pressure or stretching of the passage by the passenger.

Ordinarily, pain is described as objective and

subjective. Objective pain is that which you appreciate by observing the manifestations of the patient, her outcries, her moans, her expression, her moving or tossing about the bed. Subjective pain is that which the patient describes—she speaks of the degrees of the pain, its character, duration, etc. Objective pain is not obliterated by the Twilight Sleep; subjective pain is. Can this discrepancy be accounted for by any theory regarding the functions of the subconscious and conscious minds?

Another phenomenon noticed is the absence of shock and exhaustion after the morphia-scopolamine amnesia. Some light may be thrown on this by the valuable investigations of Dr. Crile. He discovered that certain emotions as pain or fear cause shock and exhaustion by injuring or destroying the cells of the brain, liver and adrenals. This led him to introduce what he has called his anoci-association method, which is employed before, during and after an operation with the view of blocking the nerves and preventing the transmission of the deleterious effects of these emotions to the brain and other organs. The result has been to secure better convalescence, and to reduce his operative mortality from $4\frac{1}{2}$ per cent. to less than 2 per cent., which means a saving of two or three extra lives in every 100 operations. The Twilight Sleep condition abolishes subjective pain and the memory of the conscious mind, and inhibits the transmission of the injurious effects of pain to the brain, thus saving the brain cells and preventing shock and exhaustion after childbirth.

A striking feature following the treatment is the exceptionally rapid convalescence of the mothers. The day after childbirth we note an absence of shock and exhaustion. The mothers feel well; they have a good appetite, and express a desire to get out of bed. This wish is not gratified, as I believe the best interests of the patient and her ultimate restoration to health demand rest. The usual time, however, allowed other puerperal patients is 10 days before sitting up out of bed, but this is shortened to 5 or 6 days in Twilight Sleep cases with no ill-effects. We have observed none of the objections raised against the treatment such as the long labor and hemorrhage. The effects of the scopolamine pass away with the sleep of the mother in 8 or 10 hours after labor. The drug is not cumulative, and therefore the statements of lasting ill-effects

to the mother are without foundation. The same objections, be it remembered, were brought against the use of ether and chloroform, and disastrous results as epilepsy, convulsions and insanity were prophesied.

An alienist in New York City is reported by the newspapers to have claimed that the use of scopolamine may produce insanity, and he reported four cases which had come under his observation. At a recent meeting of a medical society held in New York City to discuss the subject of Twilight Sleep this alienist was invited to be present. He was unable to do so, but wrote a communication saying he denied the statement. Wishing to be sure of my ground, I wrote to a personal friend who is an attendant at one of the large New York hospitals, asking confirmation of the above report. An answer to my letter of inquiry assured me that the alienist positively denied having made such a statement, and disclaimed ever having discussed the matter with any reporter, and said that he did not believe that this form of obstetrical amnesia had anything to do with the cases about which the question arose, but which were probably ordinary cases of mild puerperal mania.

We must remember that women may have some degree of mental derangement after childbirth, but the number of cases occurring after the scopolamine treatment is no greater than in those delivered without it, or, indeed, no greater than in all classes of women between 20 and 50 years of age.

If any influence be produced upon the baby, it also will be temporary and manifested immediately after birth. To guard against this, one must make examinations repeatedly and at frequent intervals during labor to ascertain the character and rapidity of the heart sounds of the infant.

Two fallacies of the treatment are often advanced by ardent advocates of the method among the laity. One is the misnomer, "painless labor." The labor is not painless, but the memory of the pain is abolished. The other is the ridiculous belief that the Twilight Sleep baby is healthier and develops more rapidly than the other babies.

The October number of a popular magazine presents a picture, and under it we read, "A Freiburg mother and her two children. The older child was born in the old school way, and, though

six years old, it being rapidly outdistanced in physical development by his four-year-old sister, born under scopolamine." It is the height of absurd reasoning to claim that this effect was produced upon the child because the mother had been under the influence of a drug for a few hours before its birth.

Why is it that young mothers of the present day so often become physical and nervous wrecks? The responsibilities of motherhood should not impose that penalty. Mothers must first get well before they can "keep well." To get well they must not assume the cares of household duties too soon. Going to market and shopping before they have regained their strength and the custom of plunging into the swirl of social life too soon are vampires that suck their life's blood. She owes it to herself and baby to rest, to walk or ride outdoors, and to sleep in a well-ventilated room from seven to nine hours at night. Fresh air, properly prepared food at regular intervals in the day and open windows at night should be her rules for living. A most pernicious influence that saps her nervous energy is the loss of rest and sleep when she has formed the bad habit of nursing or feeding her baby two, three or four times at night. Babies are not born with bad habits, but they soon acquire them. Accustom the baby to one nursing after the hour for the mother to retire, about 1 or 2 o'clock, and not again until 6 or 7 in the morning. After a few months of age a baby should go from 10 at night until 6 or 7 in the morning. In this way only can the mother secure the required rest and sleep to enable her to "keep well."

THE MENOPAUSE.

If I were to ask this audience what, in their opinion, is the most critical period of a woman's life, I feel sure the vast majority would say the "change of life." That the cessation of the menstrual flow is fraught with many dangers is a belief which tradition has handed down through the misty ages of the past. The natural flow of blood occurring at such times was considered an act of purification of the system—a sort of monthly house cleaning, and its failure to occur after the menopause was held responsible for sickness and many evil consequences. It is true that women between the ages of 40 and 50 are liable

to local complications as hemorrhages, tumors, cancers, etc., but the change of life must not be considered the *cause*; both these diseases and the menopause are the *effect* of age. Woman has now passed her period of maturity, and she must bow to the inevitable laws of Nature and accept the oncoming of physical decay. Her powers of resistance to disease are less, and she may fall a victim to the consequences of age, and not to the cessation of her menstrual flow. Two classes of women approach this period of their lives—the normal and the abnormal. The former are healthy in the ordinary acceptation of that word; they have menstruated normally and have no local trouble. The menses stop at once after a few sporadic efforts at varying intervals; they may complain of sensations of heat and cold (local and general), profuse perspirations, headaches, flushing, nervousness, irritability and depression of spirits. These represent the inherent symptoms of a normal menopause. The second or abnormal class has a more stormy passage over the Rubicon. Nervous symptoms are exaggerated, and they flow too often and too freely. Hemorrhages at such time are unnatural, and are usually due to diseased conditions. A physician should be consulted under these circumstances; it is a grave mistake to neglect one's self under the delusion that hemorrhages are natural and due to "change of life."

Finally, I wish to speak with all the emphasis I can command about the dreaded disease, cancer of the uterus, hopeless unless recognized in an early stage of development. In the beginning, cancer is a local disease, and unless discovered and eradicated promptly by the knife, it will spread malignant cells into the deep-seated tissues and defy successful treatment unless radium or X-ray will prove efficient. A campaign of education should go on unceasingly to instruct the laity and medical profession regarding the symptoms of cancer and its early recognition. Women must be taught the significance of these symptoms and be urged to seek medical advice at once, and physicians must be taught to investigate all such cases and to employ every means known to science to reach a correct and prompt diagnosis. Unfortunately, it is too often the case that women will consult their family doctor and he will fail to grasp the situation because he does not suspect the possibility of cancer. He may dismiss the case without an examination, with the

assurance that it is nothing serious, and rest content to order a vaginal douche. He may go further and examine the patient; he may find an ulcerated surface and then lose valuable time by local treatment before calling a consultant who is competent and trained in this special line of work. The early symptoms of cancer are recognized as bleeding, discharge and pain. The bleeding may vary from a mere spotting on coughing or straining to a hemorrhage. It may recur at uncertain intervals, and is particularly significant if the menopause be passed. The discharge is of a watery character, and soon becomes disagreeable in odor. Pain is a very unreliable symptom, and does not appear usually until the disease has reached an advanced stage. The cause of cancer is not known, but certain predisposing factors are recognized. Heredity is one. I will recall to your minds that the fatal illness of Napoleon Bonaparte was cancer of the stomach, and that his father, brother and two sisters died of the same disease.

It is claimed that an hereditary influence can be traced to 25 or 30 per cent. of all cases. Age is another predisposing factor. Cancer claims the greatest number of victims between 40 and 55 years of age. Child-bearing is another. Cancer of the uterus is relatively rare in women who have not borne children.

Let me repeat the early symptoms of cancer of the uterus—repeated bleeding, a watery discharge and pain. I do not wish to be an alarmist, but let me urge if these symptoms occur, especially after the cessation of the menopause, to seek medical advice. If your doctor makes light of it and orders a douche or attempts to treat an ulcer, do not be satisfied with his opinion. Demand an immediate consultation with someone recognized as a specialist.

The nature of my address has led me to touch on many subjects, which may produce confusion in your minds, but if you forget everything else I have said, I will feel amply repaid if you go away tonight and carry with you the recollection of my warning about cancer.

At the graduation exercises of St. John's College, Annapolis, June 16th, the honorary degree of Master of Arts was conferred upon Dr. Fred-eric Rankin, class of 1909, of 2124 Maryland avenue, Baltimore.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, JULY 15, 1915.

THE NEW PRESIDENT OF THE AMERICAN MEDICAL ASSOCIATION, DR. RUPERT BLUE, SURGEON-GENERAL, UNITED STATES PUBLIC HEALTH SERVICE.

By election as president of the American Medical Association the greatest compliment in the hands of the American medical profession has been accorded Surgeon-General Rupert Blue, class of 1892. Undoubtedly Surgeon-General Blue by his new honor becomes the most distinguished living alumnus of the University of Maryland. Thus again is the virility of our good old University attested. Any institution which can give to the profession and nation a son of the attainments of Surgeon-General Blue is not decadent, but in the acme of its success. This appointment should make every alumnus proud of his Alma Mater, and should once and for all satisfy the Faculty that they are not unmindful of its obligations to the profession, city, State and nation.

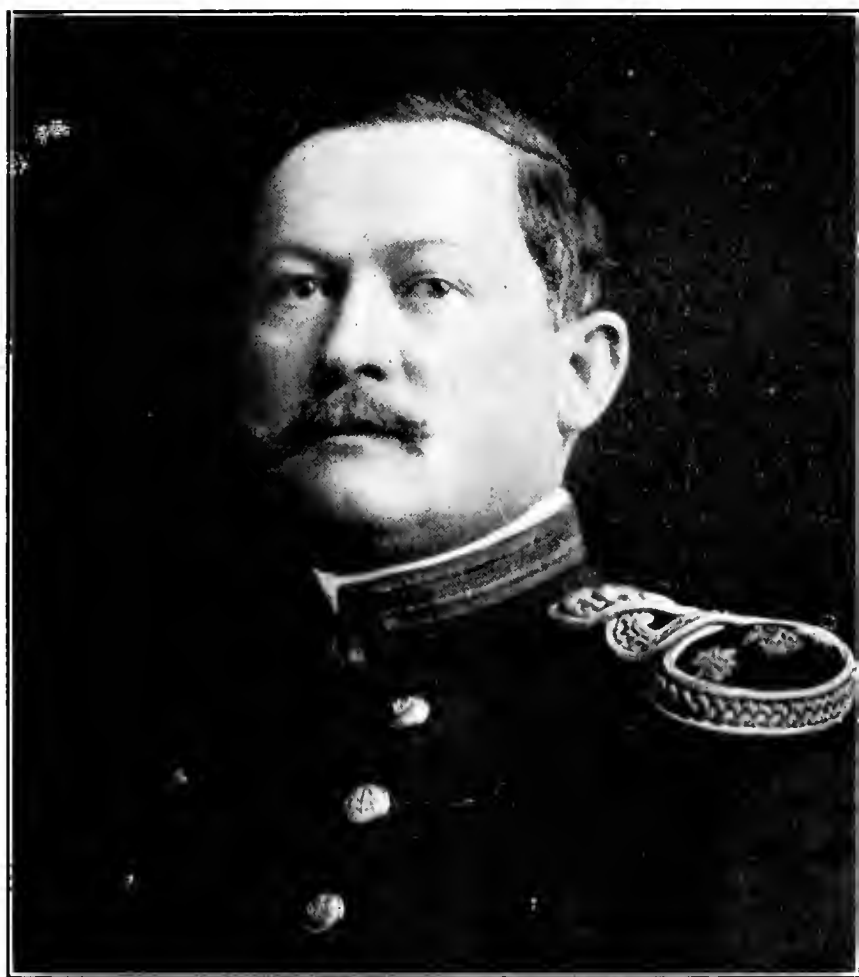
Dr. Blue was born in South Carolina in 1868. He was graduated from the University of Maryland in 1892, and became an intern in the Marine Hospital Service during the same year. The following year he was commissioned Assistant Surgeon, and promoted to the grade of Past Assistant Surgeon in 1897 and Surgeon in 1908. He was commissioned Surgeon-General of the Public Health and Marine Hospital Service by President William Howard Taft, January 13, 1912, which appointment was won by noteworthy and meritorious service, especially evidenced in the suppression and eradication of bubonic plague in San Francisco in 1907, which work brought him instantly into such prominence that his fitness for

the position of Surgeon-General could not but be recognized. A few years ago Dr. Blue spent some time in Europe studying preventive medicine as practiced there, and in 1910 graduated from the London School of Tropical Medicine. In May of the same year he was detailed to represent the Public Health and Marine Hospital Service at the International Congress on Medicine and Hygiene at Buenos Aires, and while there took advantage of the opportunity to study possible routes by which plague and yellow fever might be brought into the United States from South America. His last detail before his appointment as Surgeon-General was at Honolulu to act in an advisory capacity to the Hawaiian Board of Health and other departments of the Territorial Government to inaugurate a program to reduce to a minimum the introduction and spread of yellow fever or plague in the Territory after the opening of the Panama Canal. In 1909 the honorary degree of doctor of science was conferred upon him by his Alma Mater.

While Surgeon-General Blue has been highly complimented by his elevation to the presidency of the American Medical Association, we feel the Association is no less complimented in obtaining the services of such a distinguished man. THE BULLETIN takes pleasure in voicing the sentiments of the Faculty and his brother alumni in congratulating Surgeon-General Blue upon the high honor thrust upon him.

HERE TODAY, GONE TOMORROW.

It is with the greatest grief that we announce to our readers the death of Dr. St. Clair Spruill. Less than a week before his demise he was to all appearances in his usual health. Therefore the announcement of his death on June 24, 1915, came as a distinct shock to his many friends. His death was attributed to a general septicemia, secondary to a frontal sinusitis. Thus within the space of six months the University of Maryland has lost by death three of the most prominent members of its staff—Drs. Chew, Coale and Spruill—three men whose destinities have been allied closely with the destiny of the University of Maryland. And of the three, none has played a greater part in the upbuilding of the University than Dr. Spruill, who for 25 years had labored and spent his best thought and effort to the upbuilding of the University Hospital. Shortly after gradu-



SURGEON-GENERAL RUPERT BLUE,
President American Medical Association, 1915-1916.

ating he became superintendent of the University Hospital, a medieval institution. He immediately set about, with the encouragement and support of a few members of the Faculty, to create a sentiment for a modern hospital. This missionary work led to the building of the present University Hospital, an institution of which he was justly proud and an institution which he regarded as a child of his. After serving as superintendent for a number of years, Dr. Spruill engaged in the practice of surgery in Baltimore, and soon came to occupy a foremost position. His reputation as a practical surgeon spread far and wide. His judgment was excellent, his technic perfect and his knowledge of the principles underlying surgery sound. These qualities, together with a charming and lovable personality, assured him an abundance of success. Taken away in the height of his success and while still a young man, those around the University will sorely miss his pleasant greeting and the student and young graduate his words of encouragement and help in getting a start in life, for it was Dr. Spruill's greatest pleasure to place a young man. In the death of Dr. Spruill the University of Maryland has suffered a severe loss, the city an accomplished surgeon, the students a steadfast friend. Though the loss in this instance is hard to bear, it is not for us to understand the work of the Almighty. All we can say is, "Thy will be done."

CONFLICTING BANQUET DATES.

May 31 was selected as the date for the annual gathering of both the Medical Alumni and the General Alumni of the University of Maryland. This was very unfortunate, and was a matter of keen regret to many members of both organizations, causing no small amount of comment.

The General Alumni Association represents all departments, and its annual gathering should be a great-big event, with big attendance, big speakers, big times all around. It should come on a night when no other events will interfere with the program. All departments of the University should be well represented—law, medicine, pharmacy, dental and academic.

The Medical Alumni Banquet and the banquets of the several Schools just mentioned must be held on nights decided upon in ad-

vance, and should not conflict. That these reunions should be held at or near commencement goes without saying. Only mismanagement of a sort which is hard to excuse will bring about a recurrence of this past year's muddle.

Plans must be made well in advance. There must be co-operation between the executive committees, and harmony of act as well as spirit must prevail.

We all first owe our allegiance to the General Alumni Association, and next to our individual Schools. But this allegiance may be made to bear its best fruit only through co-operation. Such a conflict of dates surely cannot happen again.

THE MEDICAL ALUMNI ASSOCIATION.

The Medical Alumni Association of the University of Maryland School of Medicine is by far the strongest and perhaps the oldest Alumni Association of any of the Schools now constituting the University of Maryland. At a special meeting held on May 1, 1880, and at an adjourned meeting held on May 8 of the same year, the constitution, by-laws and minutes of a previous meeting, held on March 5, were accepted, and the Medical Alumni Association began its career.

The minutes of the first meeting record that this was held at "Rennert House," West Fayette street, between Calvert and North streets, on March 5, 1880. Dr. Jacob W. Houck called the meeting to order, and moved that Dr. James A. Stewart take the chair, which was adopted.

Dr. Eugene F. Cordell was elected secretary, and Dr. Tiffany, the dean of the faculty, introduced the graduating class of 1880. On motion of Dr. J. Shelton Hill, the meeting organized itself into a "permanent organization," to be called the "Alumni Association of the School of Medicine of the University of Maryland."

The following officers were unanimously elected:

President—Dr. George W. Miltenburger.

Vice-Presidents—Dr. James Carey Thomas, Dr. Richard McSherry and Dr. D. J. McKew.

Recording Secretary—Dr. Eugene F. Cordell.

Corresponding Secretary—Dr. B. Bernard Browne.

Treasurer—Dr. Samuel C. Chew.

Let us ponder a moment over the opening paragraph of the constitution, which was adopted at this first meeting, 35 years ago. The hand which transcribed it in the minutes, which are now quite yellowed with age, was that of our late distinguished alumnus, Dr. Eugene F. Cordell.

It reads: "We, alumni of the School of Medicine of the University of Maryland, desirous of perpetuating those associations which began during our professional student life, and of keeping alive our interest in our Alma Mater and advancing in every legitimate way her welfare, do hereby form an association for the above purposes, and do enact the following constitution and by-laws for the government of the same."

During the remainder of his life Dr. Cordell devoted himself with a great enthusiasm to this association. From the very first there has been another enthusiastic alumnus, under whose guiding genius and because of whose tireless efforts the Alumni Association has become the strong organization it is today. I speak of the "youngest" alumnus both mentally and physically, who is a member of the association, Dr. G. Lane Taneyhill. If one-half of the alumni of the Medical School had one-tenth of the enthusiasm and loyalty, one-tenth of the "college spirit" which these two men have exhibited, the University of Maryland would years ago have become not only the foremost seat of medical teaching in the State, but in the whole United States. That such is not the case is due in no small degree to the apathy exhibited by such a large number of our graduates.

In no other way can such progress be made as through the active interest of the alumni of a seat of learning. Individual interest is as essential as are the drops of water which, when gathered, form a stream. But unless these drops of interest are co-ordinated and directed, the wheel of advancement and progress will stand still.

It is through the Alumni Association that desired progress can be made and has been made and must be made in the future. We know this well enough, but all of us do not act upon our knowledge from one reason or another. The time has come when advantages already gained and to be gained will in the first instance be lost, or in the last never be fully reached unless there is an awakening to our duty. And this duty has

many of the elements of both duty and obligation. To affiliate with the Medical Alumni Association alone is not enough, but it is a start in the right direction. After affiliation latent ability to execute slumbering desires to do what becomes us will be awakened and afforded the fullest opportunity. We have a strong association now. Let us up and together make it a powerful one. One whose influence will be so enhanced that naught which will make for the legitimate welfare of our Alma Mater will be neglected and no legitimate request refused.

Numerically, the Association is far behind what it should be at the present time. In 1883, just three years after the founding, there were 223 members enrolled. *In 1915, the present year, 32 years later, exactly the same number appears upon the list.* Of the men who joined in 1880, I find the names of but few who are now actively connected with the Medical School—Dr. Thomas A. Ashby, Dr. Randolph Winslow and Dr. John G. Jay.

Many have died, and many who are alive and active are associated with other institutions or have seemingly lost interest. It is one of the first objects of the association in 1915 to gather these wanderers within the fold.

There is a large field which can be drawn from, and a greatly increased membership will follow this year's work, which will begin at home. *Every member of the teaching staff in the University and in the dispensary should, and no doubt will, respond to stimulation. At present not more than one-half of the adjunct faculty are members of the Medical Alumni Association.*

At the last annual meeting a Central Membership Committee was appointed. This committee will appoint subcommittees in every county in the State of Maryland within a few weeks. In this way the "lost sheep" can and will be gathered in. When next June rolls around there should be such a gathering of medical alumni as has not been seen before, with the possible exception of centennial year.

The alumni body does not consider that it has filled its full purpose when it has gathered together a large number at a banquet or smoker, as the gathering is but a means to an end. This is so evident that there is but small excuse for calling attention to it. It is pleasant to renew old friendships, to talk of the "good old days," to

return to the old University. But the real object is to bind together into one solid body those stout hearts and willing hands which wish for the brilliant future which is before our Alma Mater, so that the Alumni Association will be a body which the University can lean upon, can trust to support its academic ambitions, can look to for full support in promoting its future welfare.

It has been suggested that the next year's reunion shall be one in which the program will comprise more than a banquet; that a day of clinics be arranged for at which distinguished members of the profession will demonstrate their methods and recent advances in their special lines of work; that a boat be chartered and part of the day on which the banquet is to be held spent upon the water. These are all good suggestions, and should bring forth others. The period must be one of profit and pleasure combined. There must be full opportunity offered for renewing old friendships and for arousing interest in the University affairs and future. The gathering around the banquet board for several hours, as has been the custom in the past, does not afford this opportunity.

The splendid work which has been done outside the State of Maryland during the past year by Dr. Thomas A. Ashby is already well known. He has gone to distant States and has brought about the formation of a number of State Alumni Associations of the University of Maryland. The State of Maryland contains by far the largest number of graduates from the School of Medicine of any. It is here that the strongest efforts will be made during the coming year by the Central Membership Committee. The results should be brilliant. The State affords a field of "alumni material" which has hardly been touched, but which will be ploughed deep and cultivated well in order that its treasures of neglected and neglected material may be brought forth.

There should be a hearty co-operation between the alumni of the three recently combined Schools of Medicine. This would mean great strength. The three associations should become as one, with but one interest for all. By this I mean that all should think and work together; that there should be a fostering of loyalty in all, in order that a really great future of our University be assured.

THE NEW ENGLAND ALUMNI ASSOCIATION OF THE UNIVERSITY OF MARYLAND.

Dr. T. A. Ashby attended the meeting of the Alumni Association of the Baltimore Medical College and the University of Maryland, held in Boston on June 9.

This meeting was attended by the alumni of both institutions, and was a most enjoyable affair. The banquet was held in the evening at Young's Hotel, at which over 30 of the alumni of the two institutions were present. The by-laws of the Alumni Association were changed to read: "The New England Alumni Association of the University of Maryland."

Among those who attended were the following:

Dr. C. S. Parker, Providence, R. I.
 Dr. A. L. Miner, Bellows Falls, Vt.
 Dr. C. E. Harris, Hyannis, Mass.
 Dr. W. H. Sturgis, Allerton, Mass.
 Dr. H. A. Rosa, Fall River, Mass.
 Dr. F. A. Sullivan, Haverhill, Mass.
 Dr. P. C. Devlin, Haverhill, Mass.
 Dr. L. B. Le Gro, Haverhill, Mass.
 Dr. Hector J. McLean, Boston, Mass.
 Dr. H. J. Keaney, Everitt, Mass.
 Dr. M. J. Dowd, Thompsonville, Conn.
 Dr. A. K. Yoosuf, Worcester, Mass.
 Dr. W. T. Councilman, Boston, Mass.
 Dr. G. M. Bouroughs, Danielson, Conn.
 Dr. C. S. Gilman, Boston, Mass.
 Dr. Frederick L. Blair, Providence, R. I.
 Dr. F. Downing, Morsup, Conn.
 Dr. C. B. O'Rourke, E. Providence, R. I.
 Dr. P. J. O'Rourke, Providence, R. I.
 Dr. J. P. McKenna, Providence, R. I.
 Dr. Wm. Rumage, Arlington, Mass.
 Dr. P. G. McKenna, Providence, R. I.
 Dr. F. L. Lapham, New Britain, Conn.
 Dr. J. G. Hartnett, Winsted, Conn.
 Dr. F. Matulaitis, Boston, Mass.
 Dr. E. T. Brown, Groveton, N. H.
 Dr. E. M. Miller, Woodsville, N. H.
 Dr. H. A. Dunphy, Thorndike, Mass.

The University of Maryland has now some 500 alumni in New England. These men have shown a great deal of interest in the work of the University, and are loyal alumni. They have a well-

organized alumni association, which meets semi-annually in Boston, and is well attended.

The officers for the coming year are:

President—Dr. A. L. Miner, Bellows Falls, Vt.

Vice-President—Dr. W. T. Councilman, Boston, Mass.

Secretary—C. S. Gilman, Boston, Mass.

NORTH CAROLINA STATE MEDICAL ASSOCIATION.

On June 14, 15 and 16 Dr. T. A. Ashby attended a meeting of the North Carolina State Medical Association, held at Greensboro. He met at the meeting over 70 of the alumni of the University of Maryland, and organized an Alumni Association for the State of North Carolina, with the following officers:

President—Dr. W. S. Rankin, Raleigh.

Secretary—Dr. C. W. Banner, Greensboro.

Executive Committee—Dr. G. M. Saliba, Wilson; Dr. R. D. McMillan, Red Springs, and Dr. C. T. Harper, Wilmington.

The University of Maryland has from 400 to 500 Alumni in North Carolina who have always been very loyal to the University. Next to the State of Maryland, North Carolina stands second in the number of students in attendance in the medical department of the University of Maryland. The University can rely upon always having the generous support from the alumni in that State.

ITEMS

We wish to extend our deep sympathy to Dr. Ernest Zueblin, professor of experimental medicine at the University of Maryland, who, on July 6, received the sad news of the death of his mother, Mrs. Dr. S. Zueblin-Billwiller, of St. Gall, Switzerland, who died on June 22 last. Although Mrs. Zueblin had been in poor health for several years, the news of her death was unexpected. Dr. Zueblin has made a warm place in the hearts of his many friends in Baltimore, and his sorrow is shared by them.

At the last joint meeting of the Faculty of Physic of the University of Maryland and Physicians and Surgeons, the following University Faculty of Physic was decided on:

Randolph Winslow, A.M., M.D., LL.D.; L. E. Neale, M.D., LL.D.; C. W. Mitchell, A.M., M.D.;

T. A. Ashby, M.D., LL.D.; J. Holmes Smith, M.D.; John C. Hemmeter, M.D., Ph.D., Sc. D., LL.D.; Arthur M. Shipley, M.D.; David Streett, A.M., M.D.; Samuel K. Merrick, M.D.; Ridgely B. Warfield, M.D.; Gordon Wilson, M. D.; J. W. Chambers, M.D., Sc.D., F.A.C.S.; William Simon, M.D., Sc.D.; William F. Lockwood, M.D.; George W. Dobbin, A.B., M.D.; William Royal Stokes, M.D., Sc.D.; Harry Friedenwald, A.B., M.D., F.A.C.S.; Archibald Harrison, M.D., F.A.C.S.; Cary B. Gamble, Jr., A.M., M.D.; William S. Gardner, M.D., F.A.C.S.; Standish McCleary, M.D.; Julius Friedenwald, A.M., M.D.

Dr. G. Carroll Lockard was made director of the medical clinic and will have charge of the medical service in the hospital and medical dispensary. Dr. Lockard will be on half-time service, giving four hours a day to the work.

Dr. Frank S. Lynn, class of 1907, was made chief of the out-patient department, and will have supervision of the entire dispensary.

Dr. William R. Stokes, class of 1891, was elected professor of pathology and bacteriology; Dr. Standish McCleary, Physicians and Surgeons, class of 1890, professor of pathology; Dr. Spencer will be full-time man in the department of pathology; Dr. W. Simon was elected professor of chemistry; Dr. Samuel J. Fort, of materia medica; Dr. Zueblin, professor of experimental medicine; Dr. Hirsh, who recently resigned the chair of pathology, was elected professor of clinical pediatrics, and Dr. Kirle professor of medical jurisprudence.

Dr. Joseph Chester Lutz, class of 1914, was appointed resident pathologist. Dr. James Chester Brogden, class of 1914, formerly of the surgical service at Bayview, has been appointed chief resident obstetrician in the University Hospital.

Dr. Harry M. Stein, class of 1914, formerly of the tuberculosis division of Bayview, was appointed chief resident physician at the Hospital.

Dr. Page Edmunds, class of 1898, attended the twenty-fourth annual meeting of the Baltimore and Ohio Association of Railway Surgeons, of which he is president. The meeting was held in Chicago.

The following members of our alumni were successful in passing the regular North Carolina State Board examination:

Robert B. Hill, class of 1915, of Statesville, N. C.

William T. Ruark, class of 1915, of Southport, N. C.

Edgar W. Lane, class of 1915, of Hertford, N. C.

John D. Robinson, class of 1915, Ivanhoe, N. C.

Franklin L. Lackey, class of 1915, of Fallston, N. C.

John A. B. Lowry, class of 1915, of Raynham, N. C.

William B. Burleson, class of 1915, of Plumtree, N. C.

Frank W. Wilson, class of 1914, of Greenville, N. C.

Robert C. Williams, class of 1912, of Rose Hill, N. C.

Thomas L. Morrow, class of 1915, of Mebane, N. C.

Hickman Ray, class of 1915, of Raleigh, N. C.

The following received license by reciprocity:

H. A. Codrington, class of 1911, of Wilmington, N. C.

E. G. Breeding, class of 1913, of Rocky Mount, N. C.

R. B. Lawson, class of 1902, of Chapel Hill, N. C.

The decennial reunion of the class of 1905, University of Maryland, commenced at 3 P. M. June 22 with the assembling of the members at the Emerson.

After the first moments of excitement were over, which naturally accompanied the renewal of friendships after an elapse of 10 years, the members were requested to register. They were asked to state the particular line of work to which they had devoted the 10 years, also whether they were married, and, if so, the number of children they had. All of these facts were of great interest to the old classmates. In all, 31 members of the class registered, some coming from as far south as Florida, as far west as Minnesota and from as far north as Rhode Island.

In the evening of the same day an informal smoker was given at the Emerson. The evening was spent in recounting old days at the University and in recalling the experiences of the last 10 years.

The morning of the second day of the reunion, June 23, was spent in clinics at the University,

where the former students were addressed by the members of the faculty.

The afternoon was devoted to a picnic at Bay Shore Park. A typical Maryland dinner was served, which was thoroughly enjoyed by all, but particularly by those from other States.

The morning of the 24th was spent in clinics at the University, followed by a luncheon at the University Hospital, which was very much enjoyed and very much appreciated by all. The afternoon was spent at the Johns Hopkins Hospital. Here the Brady clinic was visited, and a clinic was held by Dr. Young.

On the evening of the 24th an informal dinner was given at the Baltimore Country Club. This was the final event of the reunion, and, as such, was one of the most important. A picture of the gathering was taken, which will be highly prized by all present. Dr. Kneisley of Hagerstown was toastmaster, and every member of the class made an address. Plans were made for the future, and, because of the success of this reunion, it was agreed to meet every five years.

Members of the class of 1905 who attended the reunion:

R. C. Metzel, Baltimore.

A. G. Rytina, Baltimore.

H. L. Kneisley, Hagerstown.

H. D. McCarty, Baltimore.

Benjamin F. Tefft, Anthony, R. I.

R. L. Mitchell, Baltimore.

J. S. Gibson, Gibson, N. C.

S. R. Clarke, Roland Park, Md.

F. J. Waas, Jacksonville, Fla.

L. J. Goldbach, Baltimore.

J. Elderdice, Salisbury, Md.

H. C. Houck, Baltimore.

J. S. Billingslea, Elvaton, Md.

W. A. Knell, Baltimore.

Ira Burns, Wilmington, Del.

C. M. Benner, Taneytown, Md.

W. H. Smithson, New Park, Pa.

F. W. Janney, Baltimore.

R. P. Bay, Baltimore.

J. L. Riley, Snow Hill, Md.

G. B. Harrison, Colonial Beach, Va.

W. J. Riddick, Norfolk, Va.

J. P. McGuire, Clarksburg, W. Va.

E. V. Copeland, Round Hill, Va.

E. B. LeFevre, Inwood, W. Va.

J. W. Pierson, Baltimore.

Seth De Blois, Newport, R. I.

Eugene Kerr, Towson, Md.
S. L. Bare, Westminster, Md.
R. C. Carnall, Waverly Mills, S. C.
H. C. Irvin, Roanoke Rapids, N. C.

At a meeting of the regents of the Maryland State University, June 10th, the merger of the Maryland University School of Medicine and the College of Physicians and Surgeons was discussed. The principal business of the meeting was to authorize the treasurer of the University, Lloyd Wilkinson, to accept the appropriation made by the last session of the Legislature for the advancement of medical education. This appropriation is for \$15,000 for each of the years 1914 and 1915, together with \$5000 for each year for administrative purposes. Some little of the first year's \$5000 for administration has been paid, but the bulk of the total appropriation of \$40,000 will be available in October, 1915, and one-half of it is available now.

Dr. Henry B. Thomas has closed his town house on Cathedral street and joined Mrs. Thomas at Blue Ridge Summit, Pa., where they will spend the summer.

Mrs. Ethel Palmer Clarke, R. N., formerly superintendent of the University Hospital Training School for Nurses, who for the past year has been following advanced studies at the Teachers' College, Columbia University, has completed her work there. On July 1 she went to the University of Indiana, where she has been appointed principal of the School of Nursing and superintendent of nurses.

The School of Nursing is an integral part of the State University, which is in the front rank of those educational institutions which have come of late to realize the necessity of a broader and higher plane of teaching of the art of nursing. Mrs. Clarke is well equipped for this advanced work, and will bring to it a broad knowledge and wide experience.

Miss Maud E. Miller, R. N., of the class of 1914, University Hospital Training School for Nurses, accompanied Mrs. Clarke as first assistant at the Robert Long Hospital, Indianapolis, Ind.

We are glad to report that Dr. Humphrey William Butler, class of 1913, now practicing in Can-

hotinoho, Brazil, is held in such esteem by his Brazilian friends that they tendered him a complimentary dinner upon the occasion of his recent birthday as a testimonial of the high regard in which they hold him. We are glad that Dr. Butler is so popular so far away from home.

Miss Julia C. Foley, assistant superintendent of nurses of the Hospital, is spending the month at her home in Loch Raven, Md.

Miss Betty White, class of 1915, has been appointed assistant superintendent of nurses of the Walker Memorial Hospital, Wilmington, N. C.

Dr. James A. Nydegger sailed for Europe recently to study medical conditions abroad. He will return to this country in the early fall.

Dr. Beverly B. Briscoe, class of 1903, has moved from Accident, Md., to Markleysburg, Pa.

Miss Adelaide C. Coward, University Hospital Training School for Nurses, class of 1913, is located at Grifton, N. C.

Dr. Francis F. Calahan, class of 1913, in a field of twenty, passed first in a competitive examination as junior resident physician in Chicago's new \$2,000,000 Tubercular Hospital. THE BULLETIN congratulates Dr. Calahan upon his success. It is such results as this which testify that the University of Maryland is still doing a good work in medical education. His instructors feel particularly proud of him, and trust that others will reflect as much credit upon the institution as Dr. Calahan.

Dr. Thomas L. Patterson, M.A., associate professor of biology and physiology, has resigned his position at the University in order to accept the position of assistant professor of physiology in the medical faculty of Queen's University, Kingston, Ontario.

We regret to announce to our readers the resignation of Dr. Richard Hall Johnston as clinical professor of diseases of the nose and throat at the University. Dr. Johnston has been a member of the teaching force at the institution since 1903, during which time he has done very excellent work and has been a credit to the institution. Dr.

Johnston has done a great deal of original work, especially in laryngoscopy and bronchoscopy, and has attained a position of importance and prominence among the members of the profession.

The Faculty of Physics of the combined schools of the University of Maryland and the College of Physicians and Surgeons, consisting of 11 men from each school, met June 14th in the office of Dr. Arthur M. Shipley, acting dean of the Medical School of the University of Maryland, and worked out the details of the first catalogue of the combined schools, which will go to press within the next few days.

No action was taken in regard to the election of a new provost, which matter will probably be deferred until the fall, nor were plans for new buildings discussed.

Dr. and Mrs. Hiram Woods and family have closed their residence on Park avenue and opened their summer home at Blue Ridge Summit, Pa., for the summer.

Dr. John C. Hemmeter, who has been seriously ill with appendicitis at his home, 739 University Parkway, is improving. Dr. Hemmeter was on a fishing trip in Accomac county, Va., when he became ill and hurried home.

Colonel Louis Mervin Maus, Medical Corps, U. S. A., class of 1874, formerly on duty as Surgeon-General of the Eastern Department of the Army on Governor's Island, was retired from active service on reaching the age limit of 64 years, Saturday, May 8, 1915. Colonel Maus has the distinction of having served longer than any other officer in the Medical Corps of the Army.

He was commissioned a second lieutenant in the corps nearly forty-one years ago.

Colonel Maus is a veteran of Indian campaigns, of the Spanish War and of the Philippines, having been the first American head of the Public Health Department in the Islands. He is a Marylander and received his medical education at the University of Maryland, after which he took post-graduate courses in New York City, Paris and Vienna.

It was Colonel Maus who, at the beginning of the Spanish War, was ordered to New York as the medical officer to aid in the mustering into

service of the New York volunteers. After this work was completed he was ordered to Tampa as surgeon-general of the Seventh Army Corps, and went with it to Cuba. Shortly after his return to the United States he was ordered to the Philippines, where he was appointed by ex-President Taft, then governor-general of the islands, to organize an efficient public health service. It was under his direction that Manila was cleaned of rats and that the danger of bubonic plague, then a constant menace, was eradicated. He also organized the leper colony on the island of Culion and made Manila immune to smallpox by compulsory vaccination of the entire population.

Colonel Maus often has been in the public eye as a result of his war on alcohol. He believes that alcoholic beverages should be absolutely prohibited in armies when they are in active service. Likewise, he has argued always that the beerless canteen is the best of all canteens. He has pointed out time and time again that the officers engaged in aviation should be teetotalers.

"One reform that is needed in all armies," he said a few weeks before the war cloud gathered in Europe, "is greater restrictions concerning alcohol in time of war. Smoking should be allowed as one of the pleasures, but alcohol should be absolutely prohibited. It was responsible, in my opinion, for a large part of the stomach and mental troubles of our troops in the Cuban campaign and in the Philippines. It is a fact that soldiers do not know how to use alcohol, and they never will."

Of the use of alcohol and its fatal consequences for aviators, Colonel Maus said:

"Flying, of all things, requires a cool head, clear eye, and a steady hand, conditions which are absolutely impossible with those who drink even moderately. Until the day of judgment no one will ever learn how many of the hundreds of aviators who have lost their lives in the last few years have alcohol to blame for the tragedy.

"It is my candid opinion that any officer of the Army or Navy who renders himself incompetent or stupid through drink in actual warfare might just as well enter into treasonable relations with the enemy and sell his country.

"Practically all of the crime committed in the Army, directly or indirectly, can be traced to the effects of alcohol. Murders, robberies, desertions, courts-martial and dismissal of officers, prison and guardhouse sentences of enlisted men, fights, brawls, broken friendships, misery, wretchedness

and moral degeneracy should generally be ascribed to the use of intoxicants.

"With a bar, the post exchange becomes a loafing and drinking place for the men. I feel certain that a large number of young soldiers who do not drink today would, in self-defense, have to treat their comrades and drink themselves, if they visited the exchanges at all, were beer sold there. Fortunately, a wave of temperance has permeated the country since those days and affected the habits of the Army as well as those of men in civil life."

Colonel Maus is a brother of Brigadier-General Marion P. Maus, U. S. A., retired. Mrs. Maus, like her husband, has long been prominent in Army life, and for years has been one of the leading women workers in the various Army relief societies.

At the commencement exercises of Mount St. Joseph's College, June 17th, the honorary degree of Master of Arts was conferred on Dr. John T. O'Mara, class of 1903, of 1042 Edmondson avenue, Baltimore.

Prof. Randolph Winslow, accompanied by Mrs. Winslow and Miss Eliza Winslow, left Sunday, June 6th, for an extended Western trip. In a recent letter from him he writes from Cheyenne, Wyoming, that he is enjoying himself immensely, as well as profitably. So far he has spent some days at the clinics of Dr. Crile at Cleveland, Ohio; Drs. Bevans, Ochsner and Murphy at Chicago, Ill., and the Drs. Mayo at Rochester, Minn. He also spent some days with his son, Dr. FitzRandolph Winslow, at Baraboo, Wis. Dr. Winslow attended the meetings of the American Surgical Association at Rochester and the sessions of the American Medical Association at San Francisco. He also took in the exposition.

Dr. William Houston Toulson, class of 1913, is now a resident at the University Hospital. He spent the past year as resident surgeon at Bayview Hospital.

Dr. Charles C. Habliston, class of 1914, has been appointed resident physician at the Cleveland Municipal Hospital for Tuberculosis.

Drs. Howard Edward Lecates, class of 1913; Joseph Sparck, class of 1913, and Porter P.

Vinson, class of 1914, are residents at Sea View Tuberculosis Hospital.

Dr. Louie M. Limbaugh, class of 1914, has accepted a residency at the Union Protestant Infirmary, Jacksonville, Fla. Service will begin September 1st, and is mixed.

Dr. Harry M. Stein, class of 1914, past year resident at the Municipal Hospital, Bayview, has been appointed chief medical resident at the University Hospital.

Dr. James Chester Brogden, class of 1914, has been appointed chief resident physician in the University Hospital.

Dr. Herbert A. Codington, class of 1911, ex-resident surgeon at the University Hospital, has been appointed superintendent of the James Walker Memorial Hospital, Wilmington, N. C. He was a recent visitor to the Hospital, and besides coming to see his friends, bought some furnishings for the hospital at Wilmington. Dr. Codington is exceptionally equipped, and we pre-
sage for him a most successful future.

Miss Lucy Hill, University Hospital Training School for Nurses, class of 1914, has accepted a position in the Tubercular Hospital at Bayview.

The automobile of Dr. Nathan Winslow was almost completely wrecked a few days ago, when two men, after stealing an automobile from a garage on Greene street, crashed into his car, which was standing in front of the University Hospital. The fender, mudguard, lamp, wheel and hood were bent and dented and the engine injured. Dr. Winslow was standing in the door of the hospital when the crash occurred, but was unable to prevent it. The two men made their escape.

BIRTHS

To Dr. Robert L. Mitchell, class of 1905, and Mrs. Mitchell, of 2112 Maryland avenue, June 11, 1915, a son.

To Dr. Humphrey William Butler, class of 1913, and Mrs. Butler, of Canhotinoho, Brazil, S. A., in April, a daughter.

MARRIAGES

Dr. Cranford Haywood Douthirt, class of 1914, to Miss Lydia Isabelle Reid, both of Baltimore, Md., at Towson, Md., June 2, 1915. Dr. and Mrs. Douthirt will reside at Roaring River, N. C. Dr. Douthirt served a year as intern at the Maryland General Hospital.

Dr. Harvey K. Fleckenstein, Physicians and Surgeons, class of 1904, of Baltimore, Md., to Miss Isabella Griffith, University Hospital Training School for Nurses, class of 1907, at Retirement, near Gaithersburg, the country estate of the bride's parents, June 12, 1915. Following a wedding trip spent in the North, Dr. and Mrs. Fleckenstein will reside in Baltimore.

Dr. Walter S. Niblett, class of 1911, to Miss Ethel Wolfe, both of Hillsdale, Md., at Hillsdale, June 9th, 1915. Following the ceremony, Dr. and Mrs. Niblett left for an automobile tour of the Shenandoah Valley. They will be "at home" to their friends after June 15th at Walbrook, where Dr. Niblett has taken up the practice of his profession. Dr. Niblett was formerly superintendent of the Kernan Hospital for Crippled Children.

DEATHS

It is with much regret that we announce to our readers the death, on June 24, 1915, of Dr. St. Clair Spruill, class of 1890, professor of clinical surgery at the University, and recognized as one of the most eminent surgeons of the city, at the home of Dr. Charles W. Mitchell, 9 East Chase street, from septic bronchitis, aged 49 years.

Dr. Spruill was born on July 28, 1866, at Columbia, N. C., and was a son of William L. Spruill of Columbia, N. C. He was graduated from the Maryland University School of Medicine in 1890, and after his graduation was appointed resident physician to the Lying-in Hospital of the University. He spent a year in that position, and in 1892 became superintendent of the hospital proper, holding that position until 1898. Since 1902 he had been professor of clinical surgery at the University of Maryland.

He was also surgeon to the University and Hebrew Hospitals, attending surgeon at the Maryland General Hospital and the Emergency Hospital at Annapolis, was chief surgeon of the Wash-

ington, Baltimore and Annapolis Railway and consulting surgeon of the Baltimore and Ohio; from 1902 to 1904 he was major and surgeon in the Fifth Regiment.

Fishing was Dr. Spruill's great hobby. He was pressed with cases, but he managed to steal sufficient time at intervals to get out his rod and get off to a quiet spot on the Magothy and angle. While he was an expert in operating, he wrote no books. When in the city he spent his time with Dr. Mitchell's family or at one of the clubs of which he was a member. He was enrolled in the Medical and Chirurgical Faculty of Maryland, the North Carolina Society, the University Club and the Baltimore Country Club.

There was no more widely respected surgeon in the city than Dr. Spruill, and his life here was marked by a series of successes that caused him to be looked upon as an authority. He was consulted on delicate operations by surgeons and physicians all over Maryland and adjoining States. Several times he became infected during operations and on two occasions his life was despaired of and he was able to regain his health only through the close attention of his associates.

One of the main points of his success was his thorough understanding of his materia medica. He had wide practice as a physician before he took up surgery and he was able to diagnose a case thoroughly before he began using the knife. His long service at the University of Maryland Hospital fitted him well for his future practice.

Dr. Samuel J. Windsor, Physicians and Surgeons, class of 1886, formerly of Eastern Shore, Md., died at his home, 913 North Broadway, Baltimore, June 21, 1915, of heart trouble, aged 52 years.

Dr. Orlando C. Stewart, class of 1878, formerly of Cookport, Pa., died at his home in Toledo, Ohio, June 2, 1915, from heart disease.

Dr. Frank Huske Holmes, class of 1895, of Clinton, N. C., a fellow of the American Medical Association; formerly president of the Sampson County (N. C.) Medical Society; major and surgeon, N. C. N. G.; superintendent of health of Sampson county, died in a sanatorium in Asheville, N. C., April 18, 1915, aged 45 years.

THE HOSPITAL BULLETIN

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ADDRESS TO THE UNIVERSITY OF MARYLAND MEDICAL SOCIETY ON RECENT STUDIES ON GASTRO-IN- TESTINAL DISEASES.

By MARTIN E. REHFUSS, M.D.,
Philadelphia, Pa.

Mr. President and Gentlemen:

I appreciate the honor in being asked to speak to you tonight on a subject which we have been engaged in studying for some time. But rather than have the temerity of accepting so hazardous a title as "conclusions to be reached from recent gastro-intestinal studies," I may be pardoned if I may present before you some of the results which we have recently attained in studies on the stomach, and let you draw your own conclusions.

A distinguished French observer in his work on the stomach, published recently, makes the statement "when one finds himself in the presence of an individual suffering from a gastric affection, he must call to his service all the resources of his art. Only a few years ago the idea prevailed that a methodical examination of the gastric juice was sufficient to raise all doubts concerning a difficult diagnosis; today the method has been distinctly abandoned, and more importance has been attached to the radiographic study of the stomach."

These words, expressed by an eminent physician, are not without significance. They indicate, first, the obscurity regarding gastric conditions in general, and, secondly, they emphasize the discontent regarding the results obtained from the ordinary examinations of the gastric juice. It is true that the X-ray, and particularly the fluoroscope, has revealed the organ from an entirely different angle entirely worthy of our notice, and that it appears to that most subtle of all sense—the eye; but even the best of our craft must admit that the X-ray gives but a "moulage" or cast of the interior of the stomach. However

perfect may be the picture depicted, the character of the actual work going on escapes us. That the X-ray has yielded most important evidence regarding the gastric morphology, the presence of diseased processes, such as neoplasm, indurated and perforated ulcer, disturbances of motility, I am prepared to admit. It has been my privilege to study under Haudek, Holzknacht, Beclere and see the best phases of that work; nevertheless, I feel that this method must be relegated to its proper place, at times indispensable, but by no means dominating the field of gastro-intestinal medicine.

I believe that an accurate analysis of an organ can be only made by a study of the type of work it performs. There has been a great change spreading over the field of internal medicine, a change from a purely anatomical, etiological, bacteriological or pathological viewpoint to the great field of disturbed function in which frequently none of these changes can be demonstrated as operative, but where there is undoubtedly pure perversion in function without perversion in form, and this study has given rise to so-called functional testing.

It seems to me that no organ is better adapted to functional testing than the stomach. In the consideration of such a procedure with any organ an exact load is placed on the organ and the character of the work determined. In the determination of gastric work, let us then consider the customary procedure. The individual is given an Ewald meal on the empty stomach; an hour later the meal, or rather gastric contents, is removed, tested and conclusions drawn. How absolutely inaccurate is such a procedure. In the first place, we are introducing food into an organ which is by no means empty; it may contain a small residuum; it may, on the other hand, be almost full. But suppose we remove the residuum with the ordinary tube; possibly a small amount of material is removed; possibly none at all. In any event, certainly not all the material is re-

moved. The very interesting studies of Harmer and Dodd showed conclusively that the stomach tube does not empty the stomach; that in practically every case it has a tendency to impinge on the wall of the stomach and curl up, and that gastric stasis is frequently overlooked. How else explain the discordant figures regarding the quantity of the normal gastric residuum on the empty stomach? We are told by the majority of textbooks that the quantity ought not exceed 20 c. c., and in our first work on healthy medical students we found that in practically every instance *the quantity normally exceeded this limit*, and may reach 100 c. c. or more without changing its characteristic appearance. We have supplemented this by very careful studies on 100 normal medical students and found the average quantity to be 52.14 c. c.

But apart from this criticism, the whole theory of present testing seems unphysiological. If we were dealing with an intragastric content which *was constant in character*, we would be justified in taking a sample or all of the contents at any one time and drawing our conclusions. *But this is incorrect. From the moment the food enters the stomach, and possibly even before that point, a complicated cycle begins, constantly changes, and weaves the highly characteristic cycle of gastric digestion.* Granting that the one-hour point normally may register in the majority of healthy individuals the high point, *it does not follow that the 59 minutes preceding or the hour or more following are of no importance.* On the contrary, I think I shall be able to show you that there are many points of interest, and *I would like this occasion to point out for those who believe that the one-hour point is the only point worth recording that, while it may be true that with the Ewald meal normally the one-hour point in almost the majority reaches its height of acidity, it by no means respects this rule pathologically, and every variation occurs. And another point is important—the patient who consults us regarding his gastro-intestinal tract does not complain of one-hour symptoms.* His symptom and the vicious disturbance in his gastric cycle may occur at any period.

It was therefore with the idea of investigating the whole period of gastric digestion that I became imbued with necessity of studying the whole from a fractional standpoint. This was by no means new, the idea, but its practical execution

was a point which offered a number of inconveniences before it was overcome. Ehrenreich, Gregerson, Hayem and others have all published results of fractional examinations made in various ways. Perhaps the studies which impressed me most were those of Hayem. While in Paris I heard much of that work, and even worked with Hayem's assistant, but he was handicapped by the old tube, and the curious curves, marked at discordant intervals, shows with what difficulty he obtained his data. All the data, voluminous as it was on the original method, as Lefmann says, is open to many objections, and yet it emphasizes the only known method of obtaining some information on gastric function. That was to administer a given meal at a given time on one day; remove it, say, in 15 minutes; repeat the performance on the following day in 30 minutes, and on the following in 45 minutes, and so on, until the entire cycle was completed. Many of these result with various foodstuffs have built up what fundamental knowledge we possess of human gastric digestion.

It was in Paris that I experimented with the Einhorn tube, but was met with two difficulties—the caliber of the tube was too small and the tip of insufficient weight, and, secondly, it was impossible to obtain a representative sample from the stomach. I experimented with many tips, but finally arrived on a tip which weighed over 100 grains and was perforated with slots each of which was of a diameter equivalent to the bore of the tubing. The tubing which I was finally able to procure was sufficiently large to enable me to draw perfectly clean representative samples of the gastric juice. This form of tube had two great points in its favor: (1) it could be left in the stomach for long intervals without any inconvenience, and (2) instead of the principle of propulsion, it was swallowed, and the tip by gravity sought the bottom of the stomach. This meant that the stomach could be completely evacuated, and, owing to its shape and form, it was possible at leisure to perform different insufflation, auscultation and percussion tests, which I have described elsewhere. In fact, it represents in situ an open passage from the mouth to the stomach. I pointed out that the exact motor end point could be determined by comparatively simple tests, as follows: (1) No more material could be aspirated; (2) the characteristic appearance of the last few specimens; (3) insufflation

and auscultation, which discloses a sticky rale or murmur instead of a gurgle when there is still material or liquid in the stomach, and (4) lavage.

By means of this tube, Dr. Hawk, Professor Fowler, Dr. Bergeim, Mr. Spencer, Clarke and myself have investigated many points in normal and pathological digestion, and while some of these are still too incomplete to report, time does not permit me to go into details regarding the many phases of the work. Possibly, however, if I point out certain conclusions and show the results obtained in different clinical cases, I shall better accomplish my mission.

We studied a large number of normal healthy medical students, taking the complete healthy residuum on the empty stomach and administering various foodstuffs—the Ewald meal as well as liquids. The results obtained after the administration of an Ewald meal, and, in fact, various substances, are of interest, and seem to indicate the following points:

(1) Each individual has a characteristic secretory response.

(2) Under identical conditions, all other things remaining equal, the gastric secretory response is the same for each individual—that is to say, that if he gives a certain type of response for an Ewald meal, as a rule the same type of response is obtained with meat, water, liquids, etc. We found that normally the responses to an Ewald meal were of three types:

(a) A rapid outpouring of secretion, often a marked rise in acidity even in the 5-minute samples, rapid rise in acidity, high point from 70-100, either sustained or abrupt, and a slow decline. Food leaves the stomach in normal time, 2-2½ hours, and often after the passage of all food there is slight continued secretion, which we have called, in contradistinction to the "alimentary and fasting" hypersecretion, a "continued secretion." This type we have called the "hypersecretory" type, because in all responses from such individuals there is an exaggerated tendency both in quantity and quality of the secretions.

(b) A type in which there is a slow ascent, slower response to stimuli, a high point from 40-50, digestion completed in normal time, no excess of secretion and a definite early decline. This type, owing to the poor response, we have called the "hyposecretory" type.

(c) A type in which the evolution is, according to our preconceived ideas, a gradual rise,

high point total 60 in terms of N/10 NaOH sustained for ½-1 hour, and gradual decline, which we have called the "isosecretory" type.

The interesting point is the fact that, while the latter is the ideal type, normally in symptomless individuals there is a divergence which can be recognized as following the types above. It is only necessary to indicate the interest in these types when one realizes that it is only a step from the hypersecretory normal type to well-defined pathological states, hypersecretion, hyperacidity, irritative phenomena accompanying ulcer, and but a further step in the hyposecretory states to the depressive conditions characterizing in many instances the chronic inflammatory and neoplastic conditions.

We have made a careful study of the action of water in the stomach after the residuum had been thoroughly emptied. We found that, while the response varied, water, whether cold or warm, was a strong gastric stimulant. As small a volume as 50 c. c. of water was found to have definite stimulatory power. We found, for instance, that in the normal individual water produced fully as great stimulation, as measured by acidity and enzyme values, as does an Ewald meal, and the acidity values follow a similar type of curve.

Two important findings were established in that work:

(1) That apparently there is in the human subject no latent period similar to that found by Pavlov in animals, and (2) that glandular fatigue as demonstrated by Foster and Lambert was impossible to demonstrate. In one experiment we obtained definite evidence that 500 c. c. of water left the stomach in 10-20 minutes after its introduction. We pointed out that in this work, where pure gastric juice was obtained and the free and total acidity ran very close together, the total acidity ranged from 50-120 (0.18-0.44 per cent. HCl), on an average 77 (0.28 per cent. HCl), which might be taken as the acid values of pure gastric juice. Of course, in the course of an Ewald meal, combination with foodstuffs reduces the total acid.

In these studies we indicated, although not definitely proven, that possibly the stimulatory value of an Ewald meal may be due to its water content, and suggested that a water meal might be substituted in many instances for an Ewald

meal, and has the additional advantage of demonstrating food rests.

We made studies of the effect of tea and again meat extracts; the former apparently acted in exactly the same manner as the water content, while the latter produced practically, when all the experiments were taken into consideration, a similar degree of stimulation, possibly a little more rapid, but in our work we were unable to demonstrate any marked superiority on the part of the meat extract. (This occurred when that substance was introduced through a tube, eliminating as much as possible all psychic impulses which might have occurred.)

Many points of interest have arisen in this work, but it seems to me that perhaps the most interesting would be those associated with the application of this method to the study of pathological subjects. We have performed many hundreds of complete analyses, some of which we were able to follow to operation, others which we were able to follow clinically, and perhaps before I go over some of these points I may be pardoned for pointing out several things which, it seems to me, are rather important:

It is my claim that it is impossible to interpret the results of an ordinary test meal finding, and for the following reasons:

(1) This point records but one phase in a constantly-changing cycle of gastric digestion.

(2) A large number of observations have shown that this point is by no means the high point or the representative one.

(3) Many changes both precede and follow this point.

(4) Many forms of hyperacidity, hypersecretion, occult bleeding are entirely overlooked in this way.

(5) Delay in digestion may mean that figures at the one-hour point may be doubled in the second hour.

(6) No idea of evacuation or motor function can be obtained in this way.

(7) That entirely erroneous conclusions may be drawn from some of the cases which I shall show you. Let us imagine, for instance, that you perform the test meal in that way and obtained perfectly normal figures. What does it mean? In my opinion, nothing, simply because I do not know what preceded or what will follow. Some of the gravest forms of gastric disturbance I have found accompanied by normal

test figures at the one-hour point. A glance at the following diagram, which is substantiated entirely from actual findings, illustrates the possibilities of just such figures.

(1) Perfectly normal digestion.

(2) High figures preceding this point, a true larval hyperacidity of which I have two authentic cases, one in which there were marked clinical symptoms preceding the one-hour point.

(3) High figures following this point in reality, the so-called tardive hyperacidity of the French, either sustained or abrupt, with or without hypersecretion.

(4) An absolutely constant acidity, prolonged for hours, the so-called polycyclic curve of Hayem, the pernicious type which I have seen passed by a physician as gastric neurosis and itself indicative with food stasis or of pyloric obstruction. Five such typical cases showed; two of them ulcer and pyloric obstruction, one adhesions across the stomach from an old laparotomy, and another a fibroma obstructing pylorus—in reality, a benign pyloric obstruction, and in one carcinoma ulcerosum.

Examples of these different cases were found, and it is to be emphasized that not merely the secretory characteristics, but all the associated phenomena are to be studied in the summing up of a case.

Let us consider for a moment the possibilities of subnormal figures at the one-hour point. They may indicate delayed digestion *and a perfect evolution of digestion to normal figures at a later period*; again, they may indicate actual hyperacid figures and all the phenomena of a vicious secretion entirely unsuspected by one-hour findings (this I have often found, particularly in duodenal ulcer), or—and in my experience—rather rarely they illustrate the height of an actual markedly subacid curve, but there is absolutely no indication in such a procedure as to what they mean.

Again, hyperacid figures at the one-hour point may be of varied significance. They may mean simply an abrupt highly acid point in the cycle and quickly return to normal, or they may be only a part of a persistent, resistant, hyperacidity which explains all the symptoms. We cannot forget the discrepancies in clinical symptoms and test figures, and instead of simply recording facts, if we would attempt to explain them, possibly our comprehension of these processes would be

clearer. I am not prepared to discuss the part which gastric hyperesthesia plays, but I am prepared to say that in a certain number of cases with hyperacid symptoms and subacid test figures at the one-hour point, careful fractional examination will demonstrate an entirely different gastric chemistry at the time of symptoms.

Heterochylia exists, but in those cases where we have performed fractional examinations on successive days, the type almost always holds, whether hypersecretory or hyposecretory, and the abnormal tendency, at whatever portion of the phase, is usually repeated.

I should like to discuss just a few rather interesting results in gastric achylia which seem to me rather important, although I hope I am not attempting to discuss what Dr. Kirby and Dr. Brown have to say.

The interesting question which has arisen with us was whether there existed on the basis of Pavlov's contributions a dissociation achylia; in other words, if it be true that the gastric secretory period can be divided into two phases—psychic and chemical—the psychic secretion, which is initiated through the pathway of the vagus and whose tonus is maintained, in all probability, by certain internal secretions (probably the parathyroids and the thyroids), and a definite chemical secretion incident to the formation and absorption of substances elaborated in the course of digestion, called secretagogues or hormones, it should follow that suppression of either of these phases should lead to a chemical or psychic achylia. *The investigation of the entire gastric phase by the fractional method would then give us information as to the possible failure of one or the other of these secretions. A total absence of secretion during the first hour of digestion followed by a perceptible secretion in the second would favor this viewpoint, namely, that a psychic achylia (nervous) exists the reverse a pronounced secretion during the chemical phase would favor the interpretation of a chemical achylia, while a total lack of secretion through both phases might indicate a deficiency of both functions, or an inactive mucosa, or possibly the failure of material in the blood, or material from which the gastric secretion is derived.*

Our studies have indicated that the majority of bona-fide cases no acidity, and no enzymes were in both phases. In two cases, however, we were able to demonstrate a definite psychic with

a return of secretion in the chemical phase, and in no instance was there found a case of chemical achylia or secretion in early period, and no evidence of secretion in later periods. This may be due to accumulation of psychic secretion, or possibly to the extreme rarity of that type.

Fractional examination, however, will demonstrate rather forcibly the rarity of true achylia as contrasted to spurious achylia. It will show that figures around 10-12 at the one-hour point rarely belong to the true achylia, and careful study of the curve and enzyme action will show rather that the case is one of the subacid or an-acid groups, and not a true achylia. Some chemical studies which we are making demonstrate the absolute inhibition of gastric secretion, even in hypersecretory individuals, in its infancy, and I shall therefore merely indicate that such a condition of affairs occurs.

An interesting point in connection with achylia is the question of a return of the secretion. This is very rare in true achylia, but in two cases in which the diagnosis was verified by repeated examination and in one of which, examined some six years previously by my lamented old chief, Dr. John Musser, an achylia was found, and parathyroid extract was used. Subsequent studies revealed a perceptible return of the secretion in both cases: in one case to a total acidity of 55. In several other cases the extract was used, but the cases could not be followed, and in one case it failed.

Many other problems were investigated by us, but lack of space does not permit me to go into these details. I can only venture the hope that I have made clear the great value of fractional testing of the stomach as an adjunct to the more perfect understanding of gastric function.

PRESIDENTIAL ADDRESS — RELATION OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND TO THE COUNTIES.

By J. W. HUMRICHOUSE, M.D.

President of the Medical and Chirurgical Faculty of Maryland.

The Medical and Chirurgical Faculty of Maryland honors the counties by selecting from time to time a county member for presiding officer. It thereby recognizes the whole State as its

domain, and every physician as eligible for this high distinction.

Washington county esteems highly the honor which has been conferred upon it in the choice of president, which it regards as another evidence of the Faculty's desire to have the participation of all the counties of the State in its high aims and purposes.

Men from the counties took a large part in the forming of the Faculty. Their training in the best schools of the period, and subsequent service in its wars, the spirit of the days of the Revolution with which they were imbued, fitted them for the task. They link the Faculty with the early history of our country. The first president, Upton Scott of Annapolis, served as surgeon under Wolfe upon the Plains of Abraham. Pindell of Hagerstown was in the Continental Army from 1777 to its dissolution in 1783. Warfield of Anne Arundel, Brown of Port Tobacco, Beanes of Prince George's, John Archer of Harford and other names upon this roll of honor are recorded in Dr. Eugene Cordell's *Medical Annals of Maryland*.

During the first forty years of its existence the law required all physicians to obtain the license of the Faculty in order to practice medicine, and the membership included the entire profession of the State. After 1839 the law was not enforced and the membership shrank from year to year, especially in the counties, until the Faculty became almost a local society of physicians of Baltimore.

The Faculty owes its continued existence to the city members who have composed the assemblings for the advancement of medical knowledge, have fostered its institutions, as the library, have formed the committees for carrying on its work, and have at various times endeavored to carry the Faculty's influence into the counties. Meetings were held at Easton in 1850 and 1853; four years later in 1857 at Frederick; thirteen years later in 1870 at Cumberland, and at Annapolis in 1872. The year 1889, seventeen years after the Annapolis meeting, is the date of another effort of the Faculty to restore the counties to their original place and importance in the State society. In November of that year the first semi-annual meeting ever held in Washington county took place at Hagerstown and resulted in the reorganization of the county Medical Society and the affiliation of its members with the State

society. For many years prior to that meeting there had been no association with the Medical and Chirurgical Faculty; all the old members who resided in the county had long before passed away. When in 1881 the physicians of the county formed a society it was based upon a small pamphlet containing constitution, by-laws and code of ethics of the old State society. Before the year 1881 there are no minutes or records to show that a medical association had ever existed in the county; nothing but a table of rates adopted in 1866. For almost a century the medical history of the county is very scant, and it is only through old newspaper files that anything can be learned. It may be interesting to know that in the columns of the *Maryland Gazette* of November, 1785, attention was called to the necessity of forming in Washington county a medical society for the suppression of quackery and proposing a State Board of Medical Examiners which might be the nucleus of a future medical school, and that in 1793 Dr. Samuel Young, subsequently a founder of the Faculty, was chairman of a board of health to prevent the introduction of yellow fever into Hagerstown. More than a century later another member of this Faculty, Dr. Jesse William Lazear, forfeited his life in demonstrating the cause of this disease.

May I touch upon a few names in this long period of time to show that perhaps the very lack of organization and co-operation developed in the physician marked individuality. We read in the newspapers of the day that in 1825 Dr. William D. MacGill tied, on account of a fungous growth in the orbit of each eye, successfully both carotids in the same subject with an interval of one month between operations, the first time the operation had been done in America. He also performed the first lithotomy in Washington county.

In 1858 passed away Dr. Frederick Dorsey, Sr., in the eighty-third year of his age, having practiced medicine since he was seventeen years old, a student of Rush and a fine type of the old country doctor. During his long life he officiated in many maternity cases, Judge John Thompson Mason says eleven thousand; his practice was so extensive, it is said he often made a circuit of eighty miles in twenty-four hours. No call was ever unanswered whether to rich or poor. Heat and cold, darkness and light, cloud and sunshine, the dashing fury of the storm, the blackness of the midnight hour found him exposed to their

perils and inclemencies. But the doctor could not resist, although a busy man and a churchman, a fondness for horse racing, cock fighting and fox hunting. On the day of his funeral all the church bells of the town were tolled.

There were many men subsequently who did their duty to the community, especially during the Civil War when after South Mountain and Antietam every church and schoolhouse was a hospital, and after the war when surgeons from both armies settled in Washington county. But there was no local organization of physicians, no gathering of them together to discuss medical subjects, only a fee table, sometimes a cause of friction and generally disregarded. More than a commercial basis was needed. A quickening influence from the outside was required and was furnished by the Medical and Chirurgical Faculty.

At the assembling at Hagerstown in 1889 Dr. Aaron Friedenwald, the president, spoke of the need for more intimate relations, for a closer bond of fellowship between the medical practitioners residing in the various districts of this State and asked every physician, whether in village, town or city, to enroll himself as a member of the Faculty for the consummation of this object. The meeting lasted two days. There were papers, receptions and a banquet. Its most important business was the inauguration of the movement for legislation to regulate the practice of medicine in Maryland by providing a State Board of Medical Examiners. The men who largely, through the efforts of Dr. Thomas A. Ashby, made up this gathering were the pioneers of the movement to change a society, distinguished but local, into a State organization. A year later the Faculty met at Cambridge, and in subsequent years at Rockville, Easton, Annapolis, Cumberland, Belair, and in 1896 again at Hagerstown. Upon this last occasion Dr. William Osler in his address stated that one of the most immediate and pressing needs of the ancient and honorable Faculty of Maryland is that the members throughout the State at large shall take a greater interest than they do in the affairs of this institution; that the Faculty belongs to the physicians of the State, and not alone to the profession of Baltimore. When Dr. Osler made his address the membership of the Faculty was four hundred and seventy-five; of these one hundred and thirty-nine were members from the State at large and

three hundred and thirty-six from the city of Baltimore. At present the membership is more than eleven hundred: about six hundred from the city and over five hundred from the counties. Every year since 1889 a semi-annual meeting has been held in towns outside Baltimore city, with the result that every county, except two, has its own medical society and is represented by its delegates at the meetings of the Faculty.

In 1904 the amended constitution and by-laws of the Medical and Chirurgical Faculty of the State of Maryland were adopted, the county societies became component parts of the State society, and the State society a component part of the American Medical Association.

Now the country doctor is no longer isolated, no longer left to himself to become narrow-minded; he has come into touch with the spirit which has animated this organization for more than a century and which still gives it life. The way is open through the county society to the State society and the American Medical Association.

The last semi-annual meeting at Upper Marlboro had unique and pleasant features. The courteous reception by the physicians and ladies of Prince George's, Mr. Magruder's scholarly address, the pilgrimage to Dr. William Beanes' tomb, and last, but not least, the scientific papers made the day one to be remembered. Southern Maryland has other historical interest for the Faculty besides the association of Dr. William Beanes with our national anthem. We read in Sparks' *Life of Washington* that Dr. Gustavos Brown of Port Tobacco was called in consultation with Drs. Craik and Dick in the last illness of the illustrious man. Doubtless he concurred in the treatment by repeated bloodlettings, gargles of molasses and vinegar, and butter and vinegar and sage tea, and blisters of cantharides over the larynx, although the symptoms indicated obstruction of the larynx, which might have been relieved by scarification or tracheotomy. But venesection was the vogue in those days, and Washington had been bled by his own command by one of his overseers even before the arrival of the physicians.

South of Charles county is St. Mary's, where in 1634 the first settlement of the State was made and which furnished five of the one hundred and one incorporators of the Medical and Chirurgical Faculty of Maryland in the year 1799. The

names of St. Mary's and Garrett are missed in the Faculty list of county societies, St. Mary's having lost its identity by combining with Charles and Garrett by merging with the Allegany society.

In the twenty-six years which have elapsed since 1889 many new conditions have been developed. Great advances have been made in medical education. Dr. Harlan states that applicants for State Board examinations must now have a diploma from a "college having entrance requirements and a standard of education as defined by the Association of American Medical Colleges." These requirements include a year in chemistry, biology, physics and a modern language in addition to the four-year high school course.

It has been through the endeavors of the Faculty as a State organization, embracing city and counties, that legislation has been secured for the public good, such as the proper care of the insane, who are no longer confined in county almshouses, but are provided for in institutions especially designed for them and receive the attention of especially trained physicians; such as the sanatoria for the treatment of tuberculosis; health laws; such as registration of births and deaths; the reporting of cases of communicable disease; vaccination; the prevention of blindness; a pure milk supply; State laboratories for bacteriological diagnosis and for the analysis of drinking water.

Perhaps the most important work of the Faculty in recent years has been its effort to educate the public in health matters. An editorial in the *Journal of the American Medical Association* has the following comment: "That probably in no State has this work been developed to any higher point than in Maryland, in which the work of the Committee on Public Instruction has been carried on vigorously and enthusiastically and is worthy of commendation and should be duplicated as far as possible in each one of our States."

In the April number of the *Bulletin* Dr. S. J. Fort, secretary of the committee, gives five hundred and fifty as the number of persons attending each night of the Fifth Annual Health Conference, and the total attendance as seven thousand for three days at the conference for colored people.

Further evidence of public health work is afforded by the compliance with the request of Dr.

Allport of Chicago, of the American Medical Association, that lectures upon Conservation of Vision be given throughout the State of Maryland, when Dr. James J. Carroll, director of conservation for the State, started the campaign in Hagerstown, where upon March 26 Dr. Hiram Woods delivered an illustrated lecture before a large audience.

In the short period of sixteen years hospitals have been established at Cumberland, Hagerstown, Frederick, Annapolis, Havre de Grace, Elkton, Easton, Cambridge, Salisbury and Centerville. They are supported by State, county and town appropriations, and also by gifts from individuals. It seems to be only a question of time until some of these institutions will be largely endowed by private benefactions.

Washington County Hospital has already received \$263,000 in donations, \$80,000 of which has been devoted to the purchase and improvement of hospital buildings and seventy-two acres of ground, and the balance of the amount has been put at interest, which will be allowed to accumulate until there is a sufficient sum to build an entirely modern hospital in accordance with the wish of the largest benefactor, Edward Wind-sor Mealey. Sixty-four acres of the land purchased is a valuable asset; it lies within the town limits, is not essential to the present hospital, and is estimated to be worth \$50,000, about twice the amount paid for it. At present the hospital has fifty-six beds, and last year six hundred and ninety-nine patients were admitted, not including dispensary cases.

Frederick, Cambridge and Salisbury have also received generous gifts in buildings and funds. The consulting staff of these institutions is composed of physicians and surgeons of the Faculty, who are looked to for aid not only in desperate need like the case of MacLure of Drumtochty, but also for assistance in developing hospital efficiency, and it may be later for post-graduate instruction. In the report of the Council, April 28, 1914, Dr. Wroth of Hagerstown brought to the attention of the Council the advisability of having post-graduate instruction given in various parts of the State by teachers of recognized position. How could such instruction be better given than by means of medical and surgical clinics in the county institutions? The introduction of the teaching feature would put hospital work on a higher plane, would attract and instruct physi-

cians and make them better fitted to serve the public.

Another step forward in the developing of the counties would be the establishing of medical libraries in them, utilizing perhaps a room of a hospital for this purpose, and beginning modestly with a few journals and books of reference. Miss Noyes, the librarian, states that the out-of-town physicians do not make use of the library of the Faculty, notwithstanding the efforts of the Library Committee to put the books at their disposal.

The program in your hands announces this occasion to be the one hundred and seventeenth annual meeting of the Faculty. Below the lines stating this fact is printed the image of Hippocrates, the seal of the Association, and the Faculty thereby recognizes a two-thousand-year-old legacy of medical knowledge and ethics. The pages following show the proceedings of the Faculty—an assembly composed of delegates and physicians from the city and all the counties, representatives of the great schools and hospitals of Baltimore, the men who form the modern line of battle against disease. It is an old fight which has already in the lifetime of the Faculty resulted in the elimination of many scourges of mankind and which promises still further similar achievements.

ANTI-PLAGUE MEASURES—WITH SPECIAL REFERENCE TO THE NEW ORLEANS CAMPAIGN.*†

By RUFERT BLUE, M.D.,

*Surgeon-General, U. S. Public Health Service,
Washington, D. C.*

Plague has been recognized from remote ages. It is said to have existed in Egypt and Asia Minor 400 years before the Christian era. One of the earliest references in literature to the disease is found in the first book of Samuel, fifth and sixth chapters.

As "The Great Plague" it visited London in the seventeenth century, claiming more than 63,000 victims in the year 1665. In John Evelyn's‡ diary we find this entry:

*Public address, Southern Medical Association, Eighth Annual Meeting, Richmond, Va., November 11, 1914.

†Reprinted from the *Southern Medical Journal*, February, 1915.

‡Royal Commissioner for sick and wounded prisoners of the war with Holland, 1665.

"Sept. 7th 1665. Came home, there perishing neere 10,000 poor creatures weekly; however, I went all along the city and suburbs from Kent Streete to St. James's, a dismal passage, and dangerous to see so many coffines expos'd in the streets, now thin of people; the shops shut up, and all in mournful silence, not knowing whose turn might be next. I went to ye Duke of Albemarle for a pest-ship, to wait on our infected men, who were not a few."

Sanitary science had not advanced very far at this time, as charms and incantations were relied upon, even by fellows of the Royal Society, to stay the pestilence.

In the years 1894 to 1900 plague spread from Canton, China, to Europe, Africa, Australia and North and South America. As a matter of fact, nearly every region of the habitable globe has been visited by the disease in the past 15 years. The alarming fact in this connection is that it appears to have become permanently established in parts of the New World, namely, Brazil, Ecuador, Peru and Venezuela. Severe epidemics have occurred in these countries and all classes of the population have suffered.

Plague was officially announced December 22, 1902, in Mazatlan, Mexico. From this date until March 20, 1903, 314 cases, with 254 deaths, were reported. Cases were also reported at Ensenada, LaPaz and Guaymas, Mexico, during the latter part of 1902.

The first appearance of plague in the United States dates back to March, 1900, when cases of the disease were found among the Chinese of San Francisco. It did not assume alarming proportions at any time, however, and was stamped out in 1904. From 1900 to 1904 there were 121 cases, with 115 deaths.

In May, 1907, however, the disease reappeared in San Francisco, and continued until January, 1908. All sections of the city were invaded, and all classes of people suffered. One hundred and sixty cases, with 77 deaths, were recorded in this outbreak. There were also a few cases at Berkeley, Point Richmond and Oakland, Cal., during the year 1907.

A few cases of plague were reported in Seattle in 1907, and infected rats have been found at various times since that date.

The most notable fact in the history of plague in California was the appearance of the disease in the rural districts of the State. In 1908 a wide-

spread epizootic was discovered among ground squirrels, a rural rodent that abounds on the Pacific coast. The date of the extension of the infection from urban to rural rodents is not known, but we are safe in saying that it occurred during the first visitation of the plague in San Francisco.

On June 17, 1912, the Public Health Service was notified of the presence of plague in San Juan, Porto Rico, and officers were at once sent to take charge of the eradication campaign. During this outbreak 55 cases occurred, 10 having developed at the date of announcement and 45 thereafter. The infection extended to four points outside of San Juan, namely, Carolina, 14 miles distant; Caguas, 23 miles; Arecibo, about 50 miles, and Rio Piedras, three miles. The last case of human plague occurred in San Juan September 12, 1912, and the last infected rat was found on December 19 of that year. Eradication measures and laboratory examination of rats were continued, however, for nearly a year after the latter date. No further infection being discovered, work was discontinued on October 31, 1913.

The summer of 1912 also marked the first appearance of plague in the Island of Cuba, the first case occurring at Havana on June 30, and being followed by two other cases, on July 9 and July 22. On March 5 of the present year the disease reappeared in that city, and since that time 43 cases have occurred in the island, the infection having spread to Artemisa, San Jose de las Lajas, El Aceite and Santiago.

This brings us to the outbreak of the disease at New Orleans, of which more will be said later.

INTERNATIONAL PLAGUE PREVENTION.

The frequent and awful visitation of plague in various parts of the world have caused governments to take measures against it. In 1897 an International Sanitary Conference was held at Venice and quarantine regulations were framed with a view to preventing the further spread of the disease. These measures, however, were based on the belief that the infection was spread by human agencies. At the second international conference, held at Paris in 1903, the role of the rat was recognized and revised regulations were issued. Representatives of the United States Public Health Service attended this conference and took part in its deliberations. Forty governments were represented by delegates.

The nations of the Western Hemisphere have given official consideration to the prevention of the spread of plague, as a pan-American question, since 1902. In that year the first General Sanitary Convention of American Republics was held in Washington. Three years later, at the second General Sanitary Convention, also held in Washington, a convention ad referendum was concluded, containing provisions for the reciprocal notification of the presence of plague, cholera and yellow fever, and measures to be observed by all countries signatory thereto with reference to infected areas.

Resolutions relating to the prophylaxis of plague, cholera and yellow fever were adopted by the fourth International Sanitary Conference of the American Republics, in 1909, in part as follows:

"Article 11 (a) To recommend especially to the various governments that they employ all possible means at their disposal to secure the effective sanitation of seaports, to the end that the introduction of plague, cholera and yellow fever may be prevented, and in the event that a case of either of these diseases reaches a port that it be promptly isolated and measures taken to prevent its spread.

"(b) To recommend special ordinances for the proper construction of ratproof buildings, especially those designed for the storage of food-stuffs, such as markets, granaries, abattoirs, stables, etc.

"(c) To make obligatory the use of galvanized iron garbage cans with tight-fitting covers for the reception of refuse from houses, and to arrange for the daily disposal of such refuse.

"(d) That properly-equipped laboratories be provided at all seaports where the periodical examination of rats may be made, so that plague can be apprehended before its appearance in human beings.

"(e) That the crusade against the mosquitoes 'stegomyia calopus' and 'anopheles' be carried on vigorously along lines which have been shown to bring the best results.

"Article III (a) That careful statistics on population, morbidity and mortality be kept at every port, such data to be compiled at intervals of not more than one month, and also annually.

"Article IV (a) That it is the duty of owners and masters of vessels to rid their vessels of rats,

and to use all possible means to keep them free therefrom.

"(b) That this should be accomplished by the periodical fumigation of the holds of vessels with sulphur gas at periods of from three to six months and at times when advantage may be taken of the vessels being free from cargo or laid up for repairs, and at all other times vigilance should be exercised by the masters for the destruction of rats by such other means as they may deem most effective."

Measures were also recommended for the control of malaria, uncinariasis, tuberculosis, and for the installation of water supplies and sewerage systems. It will be seen from the foregoing that the governments of the American republics have a profound sense of their responsibilities with regard to the international control of communicable diseases. Unfortunately, however, poor organization and lack of funds have undoubtedly prevented a thorough compliance on the part of some of these governments with the text of the resolutions.

FEDERAL QUARANTINE MEASURES IN FOREIGN LANDS.

The presence of plague in many parts of the world and the fear of its introduction into the United States by means of infected vessels caused the Public Health Service to detail medical officers at strategic points in foreign countries. Officers have been stationed at various times at Guayaquil, Callao, LaGuaira and Rio de Janeiro, with specific instructions to maintain a close surveillance of ships and to cause the destruction of rats found aboard. Since 1900 officers have also been stationed at Naples, Hongkong, Shanghai, Yokohama and Kobe, with similar instructions. It may be said that these officers constitute the first line of defense for the United States, and it should be stated that their work has been of inestimable value in preventing the importation of plague and other epidemic diseases.

CAUSE AND MODE OF TRANSMISSION.

The cause of this disease is the bacillus *pestis*, discovered by Kitasato and Yersin in 1894. It is introduced into the human body by the bite of fleas that have fed on infected rodents. The pneumonic form is conveyed by the air in badly-ventilated houses in which plague cases have occurred.

The relation between the prevalence of plague

among rodents and its outbreak in man is emphasized in the chronicles of the disease, the infection being generally transmitted from rat to rat and from rat to man. Every outbreak in man is preceded by plague epizootic among rodents. As a matter of fact, the infection is kept alive from year to year through the medium of these animals. The expediency of destroying rats as a means of preventing plague is obvious. These principles were applied in San Francisco (1907) with the most gratifying results, the disease having been eradicated within three months after active operations had been inaugurated.

PLAGUE IN NEW ORLEANS.

The first case of plague in New Orleans was reported on June 27 last, in the person of C. L., a native of Sweden, who had been in the city since June 16. History of previous residence was not obtainable. The patient died on June 28.

The origin of the infection is unknown, but there is strong suspicion that it was imported from the Canary Islands as early as June, 1912, coincidentally with the appearance of the disease at San Juan and Havana. It is now known that plague prevailed in the Canary Islands in 1907 and 1909 in severe form, and that cases continued to appear in the city of Santa Cruz up to and including the year 1914. The existence of plague was denied by the governmental authorities.

Request was made by the authorities of New Orleans, and concurred in by the State health authorities of Louisiana, that the Public Health Service assume charge of eradication measures, and this course was authorized by the Secretary of the Treasury on July 3. Since the beginning of the outbreak 30 cases of human plague have occurred, the last of these on September 30.

A splendidly-organized campaign is being waged in New Orleans at the present time by experienced officers, and there can be no doubt as to the outcome.

NOTE.—The remainder of Surgeon-General Blue's address consisted of a series of 40 stereopticon views, illustrating anti-plague operations in New Orleans, La., with explanations.

Dr. Walter L. Nicholls, Physicians and Surgeons, class of 1902, of 401 N. Fulton avenue, who recently underwent an operation, is making a nice convalescence.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, AUGUST 15, 1915.

DEATH OF PROF. DAVID STREETT, A.M., M.D.

Death has claimed a heavy toll from the Faculty of the Medical School of the University of Maryland during the past four months, and we now are called again to lament the loss of one of our most highly esteemed colleagues. On July 30 Dr. David Streett, Professor of Practice of Medicine, was the fourth of our circle to respond to the summons of the pale messenger since March of this year. Chew, Coale, Spruill and Streett have passed away within this brief space of time. Dr. Streett was not an original member of our school, but became connected with us on the merger of the Baltimore Medical College two years ago. Since that time he had become an earnest and loyal member of the faculty, largely imbued with the ideals and aspirations that animate those of us who have labored for a whole generation in the service of the institution. He was a very acceptable member of the faculty; kindly, cheerful, and with vast experience in the management of medical schools.

While he will be missed in the councils of the faculty and by our recent graduates, his death will cause pangs of acute sorrow in the hearts of hundreds of our Baltimore Medical College alumni, who are scattered to the four corners of the earth.

Dr. Streett was a remarkable man; one whose success was due to his own efforts and indefatigable industry, combined with ability of a high order. He was born on a farm and did not enjoy many educational advantages, nevertheless he succeeded in becoming a highly educated and

cultured man. His medical education was obtained at the College of Physicians and Surgeons of this city, from which he graduated in 1878. Entering upon practice he soon secured a large patronage; but he was not content to be simply a family practitioner, but aspired to become a force in the medical life of the city and country. Consequently, he accepted the chair of medicine in the young and struggling Baltimore Medical College in 1885 and became its Dean in 1888. Under his skillful direction the college made great strides and rapidly became one of the largest schools in this country. He remained Dean until its merger with the University of Maryland, a period of 25 years. While he had been somewhat unwell lately, it was not supposed that his ailment was mortal, and his death came as a shock to a large circle of friends. Until he was stricken down he continued his work at the University, and was present at the faculty meeting for the passing of the graduates on May 27, but was unable to attend the commencement on June 1.

The prominent characteristics of Professor Streett as estimated by the writer were unselfishness, great kindliness, untiring industry, and marked ability and efficiency, both as a physician and an executive. It may not be difficult to fill his chair; it may be impossible to fill his place.

TO OUR P. AND S. ALUMNI.

It gives us pleasure to announce to graduates of the College of Physicians and Surgeons, also those of the Washington University School of Medicine, that they are eligible to membership in the General Alumni Association and the Medical Alumni Association upon the same terms and with the same privileges enjoyed by the graduates of the University of Maryland. Membership in the General Alumni Association is obtained by the remittance of \$1 to the treasurer, William K. Stickel, Phar. D., care of Thomas & Thompson, corner of Baltimore and Light streets, Baltimore, Md. The annual dues in this association are \$1, which carries with it a subscription to the *University Gazette*, the official organ of the General Alumni Association. Membership in the Medical Alumni Association is obtained by applying to Dr. John Houff, 15 North Monroe street, Baltimore, Md., for application slip. Before being enrolled in this society the application must be

sanctioned by the executive committee, then voted upon at the annual meeting. In this association the dues are likewise \$1 annually, payable in advance. Members in good standing are entitled to tickets of admission to annual banquet. No mention has been made of initiation fee, for there is none, nor is there life membership in either. The General Alumni Association does, however, issue a certificate of membership upon the payment of fifty cents additional. Any other inquiries will be gladly answered by this office.

CORRESPONDENCE

WESTWARD HO!

I—CRILE'S CLINIC AND THE CHICAGO CLINICS.

A combination of circumstances conspired to cause me to make my fourth round trip across the continent in this year of Grace, 1915. In the first place, it did not appear to be very healthy to go toward the East at this time, and I am careful as to my health, and, secondly, the great medical and surgical associations held their annual meetings in the middle and far West in the month of June. Besides these reasons, it seemed almost a patriotic duty to go to the great expositions at San Francisco and San Diego, Cal., commemorating the completion of that dream of the centuries, the Panama Canal.

My first objective, however, was the American Surgical Association meeting, to be held at Rochester, Minn., from June 9 to 11. Leaving Baltimore at 7.25 P. M. on June 6, we reached Cleveland, O., about 7.30 the next morning. Here about 30 fellows of the association met and attended the clinic of Dr. George W. Crile at Lakeside Hospital. Dr. Crile is an expert operator as well as great investigator in surgical physiological problems. His clinic was especially arranged for the members of the American Surgical Association and delegates to the Pan-American Congress, and was designed to demonstrate his anoci-association method of operating under general and local anesthesia. He claims that by infiltrating the seat of incision and blocking the nerves no impression is transmitted to the nervous centers and there is no harmful effect produced thereon. Certainly the method seemed to work well in his own hands, but whether it was due to the nerve blocking or other factors is a question.

As has been stated, Dr. Crile is an exceptionally skillful operator, and works in a fine hospital where he can control his clinic in a highly satisfactory manner. His assistants are appointed for long terms of service and become thoroughly acquainted with his technique, and consequently everything goes like clockwork. He had a splendid array of cases for this clinic.

1. Case of exophthalmic goitre; girl 20 years of age. Nitrous oxide gas administered in her room and novacaine infiltrated in and around the gland. No appreciable effect was produced upon her pulse, and she was returned to her room without being aware that anything had been done to her or even that she had been taken out of her room.

2. Appendectomy. Nothing especial to remark except that the same methods were used; that is, the area of operation was infiltrated in order to prevent any injurious influences reaching the brain.

3. Nephrolithotomy. An enormous stone was removed, the kidney not being delivered but allowed to remain in its bed.

4. Gall bladder operation, done in the usual manner, with nerve blocking.

5. Removal of cervical sympathetic ganglia and part of the thyroid gland, more or less experimental, for epilepsy.

6. Colectomy for stasis—the cecum, ascending colon and part of the ileum being removed for stasis.

All these operations were done expeditiously and apparently successfully, and it was a great privilege to be able to see his methods at first hand. A handsome luncheon was served at the Hotel Statler, and in the afternoon demonstrations of blood vessel suture, direct transfusion and of resuscitation after a dog had been bled to death were made at the H. K. Cushing Laboratory of Experimental Medicine. A dog was bled until he was apparently dead, no pulse or respiration being perceptible; the artery of a living dog was then connected with a vein of the dead dog and the blood allowed to flow, some massage over the heart being employed. In a short time the apparently lifeless animal began to breathe and to move. This experiment must be done quickly within a few minutes after the exsanguination has occurred. It certainly offers hope that people who have apparently bled to death may be restored by this method.

While at Lakeside Hospital I was addressed by

a foreign-looking gentleman, who asked if he had not met me in Guatemala City. He was Dr. Carlos Leiva of Salvador, with whom I was quite closely associated at the Fifth Pan-American Medical Congress in 1908.

After a very profitable day in Cleveland we took train at night and reached Chicago about 8 o'clock in the morning. Clinics were arranged here by Ochsner at the Augustana Hospital, Murphy at Mercy Hospital and Arthur Dean Bevan at Rush Medical College. These hospitals are miles apart, and consequently much time was lost in reaching them. The operating-room at Augustana is small, and it is not well adapted for a public clinic. Dr. Ochsner performed a number of operations in a skillful manner, but nothing of unusual interest. He did not wear gloves, and in some respects did not seem to exert as rigid technique as is ordinarily done. He does many operations by giving a good dose of morphia and then putting the patient thoroughly under ether and operating without any further anesthetization. The method seemed to work well in his hands. We were then driven to Mercy Hospital and witnessed a demonstration of the results of the bone work of Dr. John B. Murphy. There was nothing especially new in this, but it was very instructive. I have been a number of times to Dr. Murphy's clinic, and am fairly familiar with his methods; and indeed have applied his bone-grafting methods in a number of cases very successfully. After enjoying an excellent collation at the University Club we were conveyed to Rush Medical College, where Dr. Bevan held a very enjoyable clinic. He is an advocate of nitrous oxide and oxygen anesthesia, as well as local anesthesia. Dr. Dean Lewis also operated at this clinic and demonstrated a new method of repairing defects in the tendons with strips of fascia lata. At 6.30 P. M. we took train for Rochester, Minn., and reached there early the next morning. Here again our comfort and convenience had been carefully provided for, as we were met by automobiles and conveyed to the Hotel Zumbro, a new and up-to-date hostelry built since my last visit to the town. It adjoins the splendid Mayo clinic building, recently erected, in which are the waiting-rooms, offices, library and other appurtenances of the ambulatory clinic.

The meetings of the American Surgical Association were held in the auditorium of this building.

RANDOLPH WINSLOW.

ITEMS

Miss Carrie H. Hudnall, class of 1914, Superintendent of Nurses of St. Joseph's Tubercular Hospital, South Bend, Ind., was a recent visitor to the Hospital.

Miss Marjorie B. Sprecher, class of 1914, night superintendent of nurses of the Jefferson Hospital, Roanoke, Va., is spending the month at her home at Sykesville, Md.

Miss Alfretta Myers, class of 1915, has been appointed night superintendent of nurses of the St. Joseph's Tubercular Hospital, South Bend, Ind.

Miss Virginia R. Clendennin, class of 1914, has resigned her position at Bellevue Hospital, New York City.

Miss Marie John, class of 1916, was operated on at the Hospital several days ago and is on the convalescent list.

Dr. T. A. Ashby attended the meeting of the Alumni Association of the Baltimore Medical College and the University of Maryland, held at Lyons, N. Y., on July 15. The meeting was attended by a number of the alumni of the two institutions, and was handsomely entertained at the home of Dr. E. W. Carr, president of the association.

Those who were present expressed themselves much pleased with the merger of the B. M. C. with the University of Maryland, and promised to get behind their new alma mater, the University of Maryland, and to do all in their power to advance the interest of the University.

There are some 250 alumni of the B. M. C. and of the University of Maryland practicing medicine in the State of New York, and they all have a very warm feeling for Baltimore.

The following officers were elected for the ensuing year:

President—Dr. G. E. Clark, Skaneateles, a graduate of the University of Maryland, class of 1889.

Vice-president—Dr. P. H. D. MacFarland of Syracuse, graduate of the B. M. C., class of 1897.

Secretary—Dr. DeL. F. Bartlett of Fayetteville, N. Y., graduate of the B. M. C., class of 1897.

Dr. J. McPherson Scott, Hagerstown, Md., secretary of the State Board of Medical Examiners, has made public the names of those who passed the examination held in Baltimore, June 15. As a result of the examination licenses were ordered issued by the board to 78 new doctors, 36 of whom are graduates of the University of Maryland, as follows:

Louis A. Buie, class of 1915.
 Hugh Edgar Clark, class of 1914.
 Vincent J. Demarco, class of 1915.
 Louis Diener, class of 1915.
 Michael J. Egan, Jr., class of 1915.
 Dorsey Paul Etzler, class of 1915.
 Gustave A. Fritz, class of 1915.
 Lyle Leeland Gordy, class of 1915.
 George G. Grazier, class of 1914.
 William H. Jenkins, class of 1915.
 Robert William Johnson, class of 1915.
 Herman Warner Krantz, class of 1915.
 Oscar Vernon Linhardt, class of 1915.
 Kenneth McCullough, class of 1915.
 Daniel Bruce Moffitt, class of 1915.
 Charles Wesley Meyers, class of 1915.
 Moses Raskin, class of 1915.
 Playford L. Rush, class of 1915.
 Louis W. Schreiber, class of 1915.
 Harry Schmuck, class of 1915.
 Samuel D. Shannon, class of 1915.
 Frank Earl Shipley, class of 1915.
 E. Howard Tonolla, class of 1915.
 Joseph Judson Waff, class of 1915.
 Bascom L. Wilson, class of 1915.
 John C. Woodland, class of 1915.
 Eugene J. K. Zeller, class of 1915.
 George H. Dorsey, class of 1915.
 George Perry Ross, class of 1915.
 David Silberman, class of 1912.
 Mark V. Ziegler, class of 1915.
 X. Francis Kearney, P. and S., class of 1915.
 Wm. R. McKenzie, P. and S., class of 1915.
 Theodore H. Morrison, P. and S., class of 1915.
 Millard Raemore, P. and S., class of 1915.
 E. N. Rieger, P. and S., class of 1915.

Dr. Howard D. Lewis, class of 1900, announces that on and after June 22, 1915, his residence and office will be located at 2215 North Charles street. Office hours, 8 to 9 and 7 to 8. Telephone, Homewood 3114-M. Dr. Lewis was formerly located at 1100 Madison avenue.

The following are the graduates of the College of Physicians and Surgeons, 1915:

John R. Anderson, Utah.
 Joseph S. Arrache, Porto Rico.
 W. H. Bash, West Virginia.
 M. B. Berrios, Porto Rico.
 C. V. Berrios, Porto Rico.
 Robert H. Breslin, Rhode Island.
 A. E. Callaghan, West Virginia.
 Joseph Cobian, Porto Rico.
 Prince Cooper, West Virginia.
 J. L. Conarton, Pennsylvania.
 Linne H. Corson, New Jersey.
 L. L. Cramer, Pennsylvania.
 S. A. DeMartini, Washington.
 Leon K. Fargo, Maryland.
 Antonio Fernos, Porto Rico.
 E. E. Fitzpatrick, Rhode Island.
 Thos. K. Galvin, Maryland.
 Howard E. Gardner, Massachusetts.
 Louis F. Gonzales, Porto Rico.
 E. Fred Gott, West Virginia.
 Wm. O. Hearn, West Virginia.
 Ira C. Hoffman, Pennsylvania.
 C. M. Holmes, Maryland.
 A. J. Jackson, Massachusetts.
 D. B. Jarrell, West Virginia.
 H. H. Johnson, Massachusetts.
 F. X. Kearney, Maryland.
 Thos. A. Lamb, Virginia.
 Milford Levy, Florida.
 Curtis L. Lyon, West Virginia.
 J. B. Lohan, West Virginia.
 W. H. McCallion, New Jersey.
 W. Raymond McKenzie, Pennsylvania.
 Alvin McClung, West Virginia.
 V. L. Mahoney, Pennsylvania.
 T. H. Morrison, Maryland.
 J. J. Nougeras, Porto Rico.
 Robert S. Peck, West Virginia.
 Herbert G. Perry, North Carolina.
 Gilberto Pesquera, Porto Rico.
 C. E. Purcell, Porto Rico.
 Millard Raemore, Pennsylvania.
 Oscar W. Renz, Pennsylvania.
 E. M. Rieger, New York.
 Harry Lee Rogers, Virginia.
 W. C. Spalding, Texas.
 Charles C. Spangler, Pennsylvania.
 Garrett E. Sprowls, Pennsylvania.
 Elmer B. Staley, Pennsylvania.
 Harrison M. Stewart, Massachusetts.

B. H. Tadeusiak, New Jersey.
 John M. Thorup, Utah.
 Israel Trachtenberg, New York.
 Fred P. Weltner, West Virginia.
 R. E. Woodall, West Virginia.

Prisemen.

Millard L. Raemore, Pennsylvania.
 Leon K. Fargo, Maryland.
 T. H. Morrison, Maryland.
 S. A. DeMartini, Washington.

Worthy of Honorable Mention.

E. E. Fitzpatrick.
 H. H. Johnson.
 Alvin McClung.
 G. E. Sprowls.
 W. Raymond McKenzie.
 Costas E. Purcell.
 J. R. Anderson.
 H. B. Tadeusiak.
 R. H. Breslin.

With the merger of the College of Physicians and Surgeons into the University of Maryland, the following men now constitute the Board of Regents and the University Council:

Thomas Fell, Ph.D., LL.D., D.C.L., Provost.
 Randolph Winslow, A.M., M.D., LL.D.
 Thomas A. Ashby, M.D., LL.D.
 Hon. Henry D. Harlan, LL.D.
 L. E. Neale, M.D., LL.D.
 J. Holmes Smith, M.D.
 Hon. John C. Rose.
 D. M. R. Culbreth, Ph.G., M.D.
 John C. Hemmeter, M.D., Ph.D., LL.D.
 Charles Caspari, Jr., Phar.D.
 Daniel Base, Ph.D.
 Ridgely B. Warfield, M.D.
 John W. Chambers, M.D.
 Harry Friedenwald, M.D.
 A. C. Harrison, M.D.
 Standish McCleary, M.D.
 Henry P. Hynson, Phar.D.
 Hon. Henry Stockbridge, LL.D.
 Philemon H. Tuck, LL.D.
 Thomas Fell, Ph.D., LL.D., D.C.L.
 Arthur M. Shipley, M.D.
 Timothy A. Heatwole, M.D., D.D.S.
 Hon. Robert Moss.
 Samuel K. Merrick, M.D.
 Hon. Alfred S. Niles.

Randolph Barton, Jr., Esq.
 William L. Rawls, Esq.
 Isaac H. Davis, M.D., D.D.S.
 Wm. F. Lockwood, M.D.
 Wm. S. Gardner, M.D.
 Cary B. Gamble, M.D.
 George W. Dobbin, M.D.

The duty of the University Council is to formulate the scheme of studies to be pursued by students desiring both an academic and a professional, or scientific degree, and to act upon such other matters as may be brought before it.

The Chancellor, Hon. Phillips Lee Goldsborough, Governor of Maryland.

The Provost, Thomas Fell, Ph.D., LL.D., D.C.L., President of St. John's College.

Prof. J. B. Rippere, A.M., and Philemon H. Tuck, A.M., LL.D., for St. John's College.

Profs. Randolph Winslow, A.M., M.D., LL.D., and Wm. F. Lockwood, M.D., for School of Medicine.

Profs. Henry D. Harlan, LL.D., and Henry Stockbridge, LL.D., for School of Law.

Prof. T. O. Heatwole, M.D., D.D.S., for School of Dentistry.

Prof. Charles Caspari, Jr., Phar.D., for School of Pharmacy.

According to the catalogue just issued, the following constitute the Faculty of Physic of the University of Maryland:

Randolph Winslow, A.M., M.D., LL.D.
 L. E. Neale, M.D., LL.D.
 Charles W. Mitchell, A.M., M.D.
 Thomas A. Ashby, M.D., LL.D.
 J. Holmes Smith, M.D.
 John C. Hemmeter, M.D., Ph.D., Sc.D., LL.D.
 Arthur M. Shipley, M.D.
 Samuel K. Merrick, M.D.
 Ridgely B. Warfield, M.D.
 Gordon Wilson, M.D.
 William Simon, Ph.D., M.D., Sc.D.
 John W. Chambers, M.D., Sc.D.
 William F. Lockwood, M.D.
 George W. Dobbin, A.B., M.D.
 William Royal Stokes, M.D., Sc.D.
 Harry Friedenwald, A.B., M.D.
 Cary B. Gamble, Jr., A.M., M.D.
 William S. Gardner, M.D.
 Standish McCleary, M.D.
 Julius Friedenwald, A.M., M. D.

Dr. Simon Wickline Hill, class of 1909, of Regent, N. D., writes us as follows:

"Hospital Bulletin Company,

"Baltimore, Md.:

"Gentlemen—Enclosed please find \$1 for subscription to the BULLETIN. Always glad to get same and enjoy reading it very much.

"With best wishes,

"Yours truly,

"S. W. HILL."

BIRTHS

To Dr. Howard J. Maldeis, class of 1903, and Mrs. Maldeis of Baltimore, Md., Wednesday, July 28, 1915, a daughter. Mrs. Maldeis was Miss Louise Watkins, formerly a pupil nurse at the University Hospital Training School for Nurses.

To Dr. Amzi Bedell Shoemaker, class of 1908, and Mrs. Shoemaker, of North Attleboro, Mass., July 24, 1915, a son—Henry Wheaton.

Recently to Dr. Walton H. Hopkins, class of 1904, and Mrs. Hopkins, of Annapolis, Md., a son—John Trenholm. Mrs. Hopkins was, before her marriage, Miss Lila Holmes Trenholm, University Hospital Training School for Nurses, class of 1905.

MARRIAGES

Dr. William T. Black, Physicians and Surgeons, class of 1914, of Berkeley, W. Va., to Miss Grace Royston of Baltimore, Md., at Baltimore, June 24, 1915. Dr. and Mrs. Black will reside in Berkeley, where Dr. Black is in practice.

Dr. Howard N. Freeman, Baltimore Medical College, class of 1912, of Baltimore, Md., to Miss Letitia E. Lord, University Hospital Training School for Nurses, class of 1914, of Martinsburg, W. Va., at Martinsburg, June 17, 1915. Dr. and Mrs. Freeman will be "at home" to their friends after the 10th of July at 1532 Linden avenue, Baltimore.

Dr. Norbert Charles Nitsch, class of 1913, was married to Miss Ethel Marie Katzenberger at St. Martin's Catholic Church, Baltimore, June 23, 1915.

The bride was given in marriage by her father,

Frank J. Katzenberger. Her gown was a robe of soft lace over white crepe and her veil, also of the same lace, was caught with clusters of orange blossoms. Her bouquet was a shower of lilies of the valley. Her only attendant was Miss Loula Fernandis of Catonsville, whose gown was of shell pink taffeta and lace. She wore a large garden hat and carried a bunch of Lady Hellington roses. Dr. James Wesley Katzenberger, class of 1914, was best man. The music was under the direction of Miss Jeannie Rinn, and Miss Rita Hohman rendered Henshaw Dana's Ave Maria.

A wedding breakfast followed the ceremony at the home of the bride's parents. The centerpiece of roses and peonies occupied the center of the dining-room, and a large bridal cake on a table at the side was cut by the bride and served. The bride and groom left for an extended trip through the West.

For the past two years Dr. Nitsch has been resident physician at St. Agnes' Hospital, which position he has resigned to take up active practice.

Dr. Thomas Leonard Richardson, Baltimore Medical College, class of 1898, of Baltimore, Md., to Miss Ruby Thompson Moore of Monroe, N. C., at Charlotte, N. C., June 16, 1915.

Dr. Cranford Haywood Douthirt, class of 1914, to Miss Lydia Isabelle Reid, both of Baltimore, Md., at Towson, Md., June 2, 1915. Dr. and Mrs. Douthirt will reside at Roaring River, N. C. Dr. Douthirt served a year as intern at the Maryland General Hospital.

DEATHS

Dr. David Streett, College of Physicians and Surgeons, class of 1878, professor of practice of medicine at the University of Maryland and for 25 years dean of the Baltimore Medical College, died at St. Agnes' Hospital following an operation for intestinal trouble, from which he had been a sufferer for some time, July 30, 1915, aged 60 years.

Dr. Streett was one of the best-known physicians in the city, and held many positions of note in the medical profession. He was a Democratic member of the City Council of Baltimore from 1883 to 1885. He was born at Chrome Hill, Harford county, Maryland, October 17, 1855, and was a son of the late Corbin Grafton and Ann S.

Streett. He was educated at the Bethel Academy; A. M. (Honorary), Loyola College, 1895; M. D., College of Physicians and Surgeons, 1878. He served as resident physician, Maternité, 1878-79; resident physician, City Hospital, 1879-80; professor of the practice of medicine, Baltimore Medical College, 1885—; dean, Baltimore Medical College, 1888—; president, Medical and Surgical Society, 1891-92; president, Baltimore Medical Association; vice-president, Medical and Chirurgical Faculty, 1891-92, 1899-00. He was a member of the University Club, the Flint Club, the Board of Charities and Correction, and an elder in the Franklin Street Presbyterian Church. He wrote many books and papers that were regarded as criterions.

He married Miss Sarah Fusselbaugh, of Baltimore, April 25, 1882. She survives him. He also leaves a daughter, Mrs. C. B. Gill, and a son, Dr. D. Corbin Streett.

Dr. Everett Alanson Sherrell, class of 1912, of Statesville, N. C., died at his home recently of tuberculosis contracted at Bellevue Hospital, New York.

Dr. Lewis H. Adler, Sr., class of 1859, a native of Maryland, died of uremia at the Methodist Hospital, Philadelphia. Death came on his seventy-fourth birthday.

He was born in Baltimore on July 15, 1841. Eighteen years later he was graduated from the medical department of the University of Maryland, and in 1871 was graduated from Jefferson Medical College of Philadelphia. During the Civil War he served as surgeon in the Federal Army.

Last year he was elected president of the alumni association of the medical department of the University of Maryland. He was a member of the Medical Club of Philadelphia, a Mason and a Grand Army man.

Henry Carroll Conley, M.D., University of Maryland, Baltimore, 1885, formerly a practitioner of Boone, Iowa, died in Tunnelton, W. Va., April 7, from chronic bronchitis.

Dr. Frank Russell, class of 1893, a Fellow of the American Medical Association, for several

years a member of the Board of Health of Wilmington, N. C., died at his home in that city, June 4, 1915, from cerebral disease, age 43 years.

Dr. William C. Johnson, College of Physicians and Surgeons, class of 1887, a physician and druggist of Coleman, Fla., was shot and killed by his son June 6, 1915, aged 52 years.

Dr. William Gibson Floyd, class of 1878, a practitioner and druggist of Roanoke, Ala., for several years county physician of Randolph county, died in a sanatorium in Atlanta, Ga., June 26, 1915, several days after a surgical operation, aged 63 years.

Dr. George E. Jordan, College of Physicians and Surgeons, class of 1891, a member of the Medical Society of the State of North Carolina and a practitioner and druggist of Gibsonville, died at his home in that place June 20, 1915, from cerebral hemorrhage, aged 56 years.

Dr. Frederick Duvall Caruthers, class of 1892, formerly coroner of the Northeastern District of Baltimore, died at his home, 2229 East Baltimore street, from stomach trouble after an illness of three weeks, July 27, 1915, aged 44 years.

Dr. Caruthers was graduated from the University of Arkansas and studied medicine at Fort Smith, Ark., coming thence to the University of Maryland, from which he was graduated in 1892. Afterward he located at the Maryland Hospital for the Insane, Spring Grove, and also served as resident physician at Bayview Asylum. He was a member of the Knights Templars. His wife, Mrs. Helen D. Caruthers, and a brother, E. C. Caruthers, of Fort Smith, survive.

Dr. Albert J. Laciard, College of Physicians and Surgeons, class of 1889, for nearly thirty years a physician in Northwest Baltimore, died at his home, 1735 Linden avenue, from pneumonia, which he contracted three weeks ago, July 23, 1915, aged 52 years. Born in Bethlehem, Pa., Dr. Laciard spent his youth there, and came to this city in 1886. He is survived by his widow, Mrs. Muriel Nicholson Laciard, and two brothers, H. J. and C. W. Laciard of Bethlehem.

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 HIS issue of the HOSPITAL BULLETIN is affectionately dedicated to the late Professor David Streett, a man of great personal charm, a public-spirited citizen and a force in the medical profession. More than twenty-five years he devoted to teaching medicine, during which period, by his genial smile, uprightness of character and charming manner, he won the love, affection and esteem of his students and colleagues. He was an executive of rare ability, a steadfast friend and a physician of marked attainments. The University councils will sorely miss the benefit of his mature advice. Of a naturally happy disposition, he glided through life spreading sunshine everywhere, and at the last:

*"The stream is calmest when it nears the tide,
And flowers are sweetest at the even-tide,
And birds most musical at close of day,
And saints divinest when they pass away."*

A WREATH OF RESPECT, ADMIRATION AND AFFECTION PLACED ON THE BIER OF THE LATE DR. DAVID STREETT.

By HARRY FRIEDENWALD, M.D.

What was it that endeared David Streett to all who knew him? What charm did he possess that won him the admiration of all his many friends? It is not difficult to find the answer.

David Streett was an earnest man, who regarded his duties, whether as physician toward his patients, as teacher toward his students, as practitioner toward his colleagues, seriously and conscientiously, worthy of his whole energy and effort, of his time, of his best ability. For this we all respected him.

But David Streett was not only earnest and conscientious in all his labors; he had that marvelous optimism and enthusiasm which doubled his capacity for work and which also inspired others. Yet withal he was as modest as a child. For this we admired him.

In all relations David Streett was characterized by an honesty of purpose, by a striving for what was high and noble, by a devotion single-hearted and true to his friends, by a deep and unswerving affection.

The combination of these qualities was the charm, the rare charm, that made David Streett so conspicuous a figure among the physicians of Baltimore. Patients, students, colleagues, all felt alike toward him; each one was his friend.

It is not possible at this time to give a proper estimate of the life-work of David Streett. There is one aspect, however, which deserves consideration—his work in medical education. It was David Streett more than any other one who made the Baltimore Medical College the successful institution that it was. He was the Atlas upon whose shoulders the heavy burden rested. A graduate of the College of Physicians and Surgeons, he helped to found the younger school. Under his guidance it prospered and grew strong. When, with the changed conditions in medical education, the time came for uniting the several schools, he helped to bring about a merger of the Baltimore Medical College and the University of Maryland School of Medicine, and later of the latter institution and the College of Physicians and Surgeons.

But he was only to see into the promised land from afar; he was not spared to give of his effort and his thought, of his ripe experience and of his hopeful spirit, to the new and great institution which he had helped to bring into being by union and consolidation. Yet his labors will not be forgotten. Those who worked with him, while they shall miss him constantly, will ever remember David Streett as their tireless coworker, as their undaunted colleague, as their dear friend.

PERSONAL RECOLLECTIONS OF DR. DAVID STREETT.

By T. A. ASHBY, M.D.

My first acquaintance with Dr. Streett began over thirty-five years ago, but a warm friendship was established between us after I became a member of the Faculty of the Baltimore Medical College in 1889.

At that time the Baltimore Medical College had less than one hundred students and owned property of less value than \$10,000. The school was just beginning to come into notice, and its rapid growth for the next few years was phenomenal. When I resigned from the college in 1897 to accept the chair of diseases of women in the University of Maryland the Baltimore Medical College had 525 students and had expended over \$175,000 on its hospital and college plant. The college was in a most prosperous condition and was doing a most successful work.

Dr. Streett was dean of the college at the time I entered its faculty, and continued to be its dean until it was merged into the University in 1913. It is safe to say that the growth of the college was more largely due to Dr. Streett than to any other member of its faculty. As dean he was alive with energy, optimism and business sagacity.

His administrative talents were of a high order, and he made every personal sacrifice for the good of the college. He discovered a large field in the New England and Middle States from which to draw students, and he brought to Baltimore large classes of young men who became loyal students and warm friends of the college. These young men were attracted to Baltimore by the pleasant climate of a Southern city, by the hospitality of our people, by the cheapness of living and by the excellent educational advan-

tages they received. At that time the courses of instruction and the entrance requirements were much less than at the present day, and the student of moderate means was enabled to get a medical degree on much easier terms than is now possible. These young men from the North were an industrious set and applied themselves with great energy to their work. A few of them worked their way through college by their own efforts. After their graduation they returned to their homes in the North, and many of them have become the most successful men in their profession in the localities in which they settled, and a number of them have reached positions of great distinction and honor.

I happen to know personally a number of these men, and I want to bear testimony to their high character and professional worth. The influences surrounding these old students of the Baltimore Medical College had a most beneficial effect upon the fortunes of the college and contributed largely to its popularity and rapid growth.

These men became loyal alumni of the college and did all in their power to advertise the institution and to send students from their section. Dr. Streett was prompt to recognize this advantage, and he worked most wisely with these influences and made the college beloved by its entire alumni body. I do not know of an institution that has a more loyal body of alumni than has the Baltimore Medical College, for it has been my privilege the past two years to visit the alumni reunions in New England and in New York and to meet many of these graduates of the Baltimore Medical College. On several occasions I have had the pleasure of having Dr. Streett attend these meetings with me, and I wish here to bear testimony to the love and respect these men had for him. I feel sure his death will bring great sorrow to these men, all of whom he seemed to know personally and to have some recollection of their student life. This was one of the great charms of Dr. Streett's character — he knew every student by name and followed his work after he had graduated.

Dr. Streett's experience in the office of dean and his thorough study of the rapid growth of sentiment as well as practice in the training of the medical student several years ago convinced him that the college which relied on students' fees for its support was doomed. He recognized that the cost of education was imposing each year

greater and greater burdens upon the unendowed schools, and that it was only a question of time when many of the medical schools of this country would either have to close their doors or merge with other institutions. Five years ago the writer saw what was coming and submitted a plan for a merger of the Baltimore Medical College with the University of Maryland, which was not accepted at the time, but came three years later.

In the merger of the Baltimore Medical College with the University of Maryland in 1913 Dr. Streett rendered a valuable service in effecting an equitable agreement between the two institutions.

In the merger Dr. Streett was elected to the chair of practice of medicine in the University and a member of the Board of Regents.

Since his connection with the University Dr. Street has been most loyal and efficient in his services. It was up to him to adjust the attitude the alumni of the Baltimore Medical College might take in regard to the merger. A number of the old alumni of the Baltimore Medical College did not fully understand the necessity for the merger and expressed much dissatisfaction with the passing away of their old Alma Mater. They failed to see that conditions had made the merger a necessity and the only wise course for the faculty to adopt. Dr. Streett took up this matter with the alumni of the Baltimore Medical College, and at this time the attitude of the alumni has largely changed. The New England Alumni Association of the Baltimore Medical College, which has some five hundred members, has passed resolutions endorsing the merger and has changed its name to the New England Alumni Association of the University of Maryland. Many of the alumni all over the country have accepted the merger in good faith and are now accepting membership in the alumni organizations of the University of Maryland.

The writer has referred in this brief way to Dr. Streett's connection with the Baltimore Medical College and the University of Maryland. He wishes now to speak of Dr. Streett as a man, friend and citizen. It was the writer's good fortune to know the personal side of his character and attainments. He has known him long and intimately, has traveled with him on long journeys and has seen many sides of his life. Those who knew him as I knew him will pronounce him

a lovable man, full of warm and generous impulses, loyal in his friendships and true to every relation in life. By nature he was cheerful, optimistic and full of enthusiasm. In a simple way he enjoyed life, and ever saw in it possibilities for doing good and for making the world better. He labored unselfishly in his profession, and was at all times considerate and charitable toward his patients. The writer has often heard him say that he did not care for money except for the good he could do with it.

He was a devoted husband and parent, and enjoyed the life of his home, surrounded with his books and social ties. He had collected a most valuable library on general literature and gave all of his spare time to the study of his books. In this way he had accumulated a valuable store of useful information and wide learning. He was highly cultivated both in mind and heart, and possessed the charm of the cultured gentleman.

Dr. Streett was an elder in the Presbyterian Church and a firm believer in the teachings of his church. He took an active part in church work and taught a class each Sabbath in Bible study.

As a citizen Dr. Streett had served when a very young man in the City Council, and he was always an advocate of good government.

He had spent his entire professional life in this city, and was widely known and respected by all classes of people. It is doubtful whether he had a personal enemy, for he never entertained an unkind opinion about anyone. Outside of his family few of his friends will miss him more than the writer. He had been the companion of many social hours, a steadfast friend, bound by ties of affection which death has not broken, but simply suspended in memory, until called to join him across the great divide.

DAVID STREETT—FRIEND AND TEACHER.

By NOBLE P. BARNES, M.D.

It is my desire to pen a few words in memory and appreciation of my good friend and distinguished teacher, David Streett, whose demise abbreviated a life so full of accomplishments, a career so full of promise to the profession, to the

country and, above all, to the school into which he poured his energies with force and distinction.

In the fullness of his prowess to have been thus stricken down seems a tragedy, an ineffably cruel dispensation of destiny. Yet "We live in deeds, not in years; in thoughts, not breaths; in feelings, not in figures on a dial." Therefore, a short life, without the pangs of declining years, is often the reward of a career crowded with earnest labor and great achievement.

Such was the life of the born dean, the builder of a great school of medicine that mounted the waves of success and surged forward by the impetus of his untiring energy. In his accomplishments and in his new affiliation he had much to live for.

David Street was a great force for good, a dynamo of enthusiasm, a dreadnought for hard and continuous work. His, was the labor of love, that was his very joy of living, the culmination of which was to see his desire for knowledge and his spirit for investigation reflected in the student body over which he presided. His, was the inspiration of a true leader that looked for the best and obtained the best from every earnest student.

Students, good or otherwise, he knew not only by excellence of standing, but by name and State. Freshmen or seniors received the same courteous manner, the same salutation, the same thoughtful consideration. The stiffness and reservedness that characterizes some men in high places was never the attitude of our dean. He at once dispelled the feeling of uneasiness by the warmth of his greeting, and stimulated confidence by appending the anticipated title that meant honor and respect.

Two thousand and more will mourn the death of this physician and teacher in a deepness of feeling greater than can be penned.

Two thousand and more will look at the diploma that marked their entrance into a larger life and be reminded that one more name has been called from the honor roll to the honor roll.

In our grief for the loss of the friend, the teacher, the physician and the scientist we again see his smile, we hear his voice, we catch the inspiration of his spirit, and it is hard to realize that he has passed from our midst to join

"The innumerable caravan which moves
To that mysterious realm where each shall take
His chamber in the silent halls of death."

Yet such a life has only joy, such a death no sting, for he passed from us

"Sustained and soothed by an unfaltering trust,
Approached the grave like one
Who wraps the drapery of his couch about him
And lies down to pleasant dreams."

DR. DAVID STREETT AS A CONSULTANT.

By WM. P. E. WYSE, M.D.

For a period of more than twenty-five years Dr. Streett and I were warm friends and met in consultation from time to time. In general medicine his large and varied experience, his high scientific attainments, his trained medical mind, together with an unusually attractive personality, made him an ideal consultant. When asked by a layman to see the patient of another physician, he promptly let it be understood that he would do that only by appointment with the doctor in charge of the case, unless it was a case of emergency, and then he saw the patient, giving, in the absence of the other physician, only such advice as the urgency of the occasion required.

When approached by a physician to see a patient in consultation, the first impression was that he was much interested in the case; the next was a surprise to find this very busy man had his work so well in hand that he could usually appoint an early hour to be at the patient's house.

It was not unusual to hear from him ten miles away that he could be there in half an hour, and he was there at the appointed time. He carried into the sickroom a bright, cheery manner that always pleased the patient.

His method of examining the patient was so thorough in every detail that the patient and those around realized that if there was anything about the case that had not already been discovered he would locate it.

With all the methods of a trained bedside clinician, Dr. Streett's manner was marked by a total absence of any play to the gallery; so much so that if he found anything about the case not already known, nobody but the attending physician ever heard it from him. His attitude toward patient and family was free from any tendency toward directing the management of the

case, or in any way suggesting that it might be necessary for him to see the case again.

His consultation from beginning to end impressed all concerned with the fact that he had come to co-operate with the attending physician for the good of the patient, and all his professional brothers knew he was free from that modern infection, "medical piracy and commercialism."

He had read most that was good in medicine, including the numerous treatises on medical ethics, but it was not on that account he was always ethical, but because he was a gentleman, honorable, honest and unselfish to a high degree.

Had he never read or heard of medical ethics he could not have failed to be ethical, "for he was so true to himself, it followed, as the night the day, he could not be false to any man."

IN MEMORIAM: DR. DAVID STREETT.

By A. MORGAN MACWHINNIE, M.D.,
Baltimore Medical College, Class of 1897.

In the death of Dr. David Streett the medical profession has lost one of their best friends. During his career as dean of the Baltimore Medical College the medical students knew him as a kind, cheerful and most inspiring person. As a lecturer the writer knows of none who held the attention of the classes so well. He always knew his subject thoroughly and delivered it in a style strictly his own, holding the attention of the entire class throughout the lecture, however without the usual weariness or fear often experienced by the students from some of the lecturers.

He had the good fortune to have lived through two distinct periods of medicine—when cases were treated symptomatically, and the latter period when bio-chemistry, the more scientific, held sway. He was keen and alive to all new methods of treatments; a diagnostician of unusual ability, and possessed the tact of handling people, so necessary to the welfare of the patient as well as the physician.

He was a great reader and always well informed upon the subject that he lectured upon, which is quite contrary to many of the lecturers in the medical colleges.

It was his good fortune to have the necessary

physique to withstand the trials and tribulations of a large practice and the very trying ordeal as Dean of the Baltimore Medical College. Being possessed of great discipline, he naturally made a most excellent dean. Yet this discipline was not of the military type, but kind, gentle and at the same time not allowing the introduction of frivolity one occasionally sees among students during the latter part of lecture hours.

The many charitable cases that he attended without the least hope of compensation always were given the same careful diagnosis and treatment accorded those possessed of an abundance of financial means.

He undoubtedly will be missed by both physicians and patients, to whom he gave counsel freely at all times.

A FEW WORDS ON THE LATE DR. DAVID STREETT.

By ROBERT W. JOHNSON, M.D.

Dr. Streett's death came as a distinct shock to a large circle. He did not look his age, he was so full of energy and life. My knowledge of him came principally from the faculty-room, where his prevailing note was clemency. His so-called "diplomacy" was largely due to kindheartedness. No one recalls his ever saying a mean thing. He was most loyal, energetic and industrious in his institutional work. He slaved for the Baltimore Medical College and took the greatest pride in its large classes, which were partly due to the kindly way he met the incoming students. He often dubbed them "doctor" when they first appeared, taking the will for the deed, and was loath to withhold a diploma. As a teacher he was followed in his eloquent lectures with attention and concentration, while his clinics showed the student how great a *vis mendiatrix* was kindness. Dr. Streett was a voluminous reader, and punctuated his extempore lectures with quotations from ancient and modern fathers of medicine. To hundreds of alumni his death will cause regret, for he had "redeeming vices," as Disraeli puts it, in little weaknesses that made him very human. To his friends his life will appeal as the essence of cheer and energy. Some who did not see him often will miss the potentiality of seeing him. God rest his soul! And

when he gets his deserts we may feel he is not far away from the Most High.

A TRIBUTE TO THE LATE DR. DAVID STREETT.

By SAMUEL K. MERRICK, M.D.

Dr. David Streett in his relation to society was broadly humanitarian. No one, however humble, sought his professional aid in vain. No condition of weather or temperature ever deterred him. "In season and out of season" the rich and poor alike could rely upon him. He gave the best that was in him for more than thirty years to a large clientele who were devotedly attached to him. He was the ideal family physician. His presence in the doorway carried hope into many a desponding and despairing household, for he had an optimism that was almost irresistible. He disliked exceedingly to give pain, and he did not believe in telling the patient that his case was hopeless, but preferred to tell some discreet member of the family or a friend. When frankness, so-called, assumed the form of brutal truth and tended to shorten rather than prolong life, the difference between the use of such a deadly weapon and a club in the hands of the practitioner, he believed, was negligible. Once convinced, however, of the gravity of the ailment, he hastened to inform the family, but endeavored to the last to carry comfort and cheer into the sickroom and not despair.

It is not the purpose of this paper to enter into any extended remarks on his professional life, but I wish to mention an incident that occurred fifteen or twenty years since which illustrates his alertness and skill as a diagnostician. One day in passing by the open door of the lecture-room at the Baltimore Medical College, where a clinic was being given, the patient, he observed, had an eruption on his face. His trained eye told him at once that it was a case of smallpox. He went to the cloakroom, rang the bell for the janitor and ordered him to lock all the doors to the lecture-hall and bring the keys to him. This done, he called up the Health Department and told the Health Commissioner to send a force up at once with virus sufficient to vaccinate two hundred students. He then walked into the lecture-room and said to the lecturer: "You have a case of smallpox here, which you have mistaken for

chicken-pox. A force from the Health Department will be here in a few minutes and vaccinate everyone in this room." The result was only one case of smallpox where two hundred had been exposed. This was done in such a way as not to offend the clinician holding the clinic, and at the same time prompt and forceful enough to accomplish his end. A fine exhibition of "*Suaviter in modo fortiter in re.*"

As a student of general literature, I feel that Dr. Streett should take high rank within the domain of what is generally called *belles lettres*. I know of few physicians who could measure up to a favorable comparison with him. His knowledge in literature was not by any means limited to the field of polite literature and its criticism, but extended more or less over the greater part of the field of human learning. He seemed to be able to discuss almost any subject intelligently offhand. I feel sure if he had been asked about the cuneiform inscriptions of the ancient Mesopotamians and Persians or the nebulous theory of Kant and LaPlace, he could have discussed either with equal facility and comprehensiveness without a moment's preparation. His reading seemed to have been omniverous.

He was well read in archeology, but he took greater interest in ethmology, that branch of anthropology which treats of the science of races and investigates the mental and physical differences of mankind and the organic laws upon which they depend; seeks to deduce from these investigations principles of human guidance in all the important relations of social and material existence—a subject truly worthy of the best minds. His reading on this subject made him more or less an authority. It has been said that "Reading makes a full man, writing a correct man, and speaking a ready man." Dr. Streett exemplified in himself *all* these types. He was full of information, correct in disseminating the same and always ready. He had the most wonderful industry, a very tenacious memory and the power of sustained mental effort little short of phenomenal. With these attributes it is not difficult to see how Dr. Streett was able during a period of more than thirty years to become one of the most cultured physicians in this great city.

I count it a great privilege to have been a close friend and to have shared his confidence and esteem. Few men I have ever known had finer minds and none better hearts.

DR. DAVID STREETT.

By EUGENE H. HAYWARD, M.D.

A few weeks ago the distressing news was spread throughout the city that Dr. David Streett was seriously ill. A very little later he died, and with tears of sorrow and amid flowers of affection he was given to the gentle arms of Nature, to Mother Earth herself.

In beautiful Greenmount the shadow of trees and of flowers falls over his dreaming face, and to his dim ears comes the subdued hum from the busy streets he loved so well.

And I sometimes think that it was not hard for him to go back.

"Not in entire forgetfulness,
And not in utter nakedness,
But trailing clouds of glory do we come
From God, who is our home."

Gentle natures such as his always live within the shadow of their home.

It will always be a mystery why so many men, who may justly covet a long life, should be cut down in the very summer of their strength and in the zenith of their powers. We see many such, for whom no task was too hard, no duty too onerous; men who possessed to a marked degree those divine attributes that make man the greatest of created beings; men who justify the ecstatic exclamation of Hamlet:

"What a piece of work is man! How noble in reason! How infinite in faculties! In form and moving, how express and admirable; in action, how like an angel; in apprehension, how like a god!"

And we wonder in amazement what is to become of this godlike apprehension, and noble reason, and infinite faculties; what is to become of painfully-garnered knowledge, of the subtle machinery of the brain, of all those forces that make man the godlike figure he is.

Is Death the enemy of man? A dark, gloomy and hideously-winged monster that bears him away to stygian darkness? Or is it a bright-winged ministering angel, who bears him away to the life elysian, where this life's frets and toils and sacrifices bear their full fruition in vaster opportunity and greater usefulness?

In Nature's laws there are no accidents, no

cause without effect, and no mistakes in anything that Nature does. It is not conceivable, therefore, that this life is the be all and end all of existence; that painfully-gathered knowledge and patiently-marshalled mental forces should not have an expansion somewhere in the illimitable future. Since gross matter cannot be destroyed and cannot perish, it is beyond the realms of comprehension to grasp the hideous idea that the infinitely fairer soul has no immortality. Nature could not make such an error. And so we confidently feel that goodness and worth and high endowment cannot perish, and that we shall meet again in the future.

We can never become completely reconciled to death. No matter how near it may be to us, it always seems remote. Its awful dignity weighs down the spirit of every living man. Its mysteries are ever to be. It is always sad, and especially so when gifted men such as Dr. Streett are taken in the prime of their activities; when the capacity for service is blended with the discretion of age and wisdom. Such is a loss that the community can ill-afford.

It is difficult to make appropriate remarks on such occasions. One is prone to indulge in fulsome eulogy, and the extravagant eulogist overleaps his purpose, or in avoiding this fails to do adequate justice. Steering by the Scylla of bad taste, there is danger of wreck in the Charybdis of indifference. For the inexperienced the danger is great, yet that is forgotten in the loving service of writing in memory of a man one has known and honored.

Years ago Dr. Streett gave me a book, on the flyleaf of which he had written Polonius' advice to Laertes:

"To thine ownself be true;
And it must follow, as the night the day,
Thou canst not then be false to any man."

I know now that he had written there the guiding principle of his own life.

The one trait of character that stood out pre-eminently was his gentleness. His was the gentlest heart that I ever knew. He never uttered an unkind word, and it is natural to feel that he must never have had but tender thoughts for any one.

He studied to please, never to hurt.

Throughout a life given up to incessant demands, he was never too busy for a chat of encouragement with his students. To see their

progress, to see his patients get well, were the comforts of his life. He never tired of bestowing countless acts of kindness and of charity.

To few professions, as to the doctor's, is the opportunity so given to help God's poor. No one among us availed himself more fully of this opportunity, more freely and more willingly, and no one found therein a greater happiness than did Dr. Streett. Rarely a day passed that did not find him ministering to his ward patients, comforting them and sharing with them freely his overflowing optimism and hope.

What a world of comfort in the promise, "Inasmuch as ye have done it unto one of the least of these, My brethren, ye have done it unto Me!"

He inherited his big, broad, tolerant mind and a simple faith in the mysteries and mightiness and goodness of God from generations of forbears of the purest English stock; a people who despised the trammelled conventionalities of life within city walls; who lived and worked in the open places, where, beneath the eternal stars, they pondered over the big things of life.

Thus, I think, he missed many of the annoyances of lesser-minded people. The petty jealousies and mean self-seeking of competitors he simply could not understand. His fellow-practitioners he saw through his own clean eyes, laboring for the sick, rejoicing with the healed, broken-hearted when disaster came, and, weighed in his clear soul, how could such men be mean or small!

He never posed and he never strutted. Affectation could find no place in a mind intent upon its own affairs, or upon service to his fellow-man.

Nothing ever disturbed his mental poise. His integrity was never questioned.

Yet he was practical and keen in business, decisive in his judgment and of firm convictions.

He had a definite and correct way of thinking, and his orderly methods of correct thought were a distinguishing feature in his professional work.

Certainly the world is better for his having passed through it. That must be a comforting thought to his family and friends.

"His virtues he bequeathed us, that we yet
May meet him in a lovelier land than this,
Where darkness is unknown, suns never set,
And sorrow never comes, but all is bliss."

His family must know that the members of the

medical profession loved him and recognized his true worth.

The knowledge that his service to the least of God's children and the greatest will stand as a legacy and a monument greater than sculptured stone and vast wealth cannot be otherwise than comforting.

August 30, 1915.

Dear Mr. Editor:

It is with profound sorrow and a sense of great personal loss that I pen these few lines, touching the life and work of the late Prof. David Streett of this city.

Born in Harford county, Maryland, in 1855, of exemplary parents, who gave him the best education the county schools and Bethel Academy afforded at that period. He soon found himself, like so many young men of that day, largely dependent upon his own efforts for his future success. The difficulties of this situation did not depress or discourage him, but served only to call forth his manhood and develop his resources. Confiding in that physical and mental strength with which Heaven had blessed him, and sustained by the fervor and force of his own convictions as to his duty in the premises, he was in a position to be neither unduly elevated by the hope of success nor depressed by the fear of failure.

He therefore at a very early day sought and secured a position as teacher in the public school, and taught in his native county for two years or more. Thus he obtained the financial assistance which enabled him shortly afterwards to take up his medical studies and attain to an eminent position in his chosen profession.

Professor Streett was one of the most painstaking, indefatigable and conscientious workers I ever knew. Ofttimes in the early days of his professional life he could be found hard at work in his library or laboratory at 2 or 3 o'clock in the morning. Soon after his election to the chair of professor of medicine in the Baltimore Medical College he was made dean, to which office he gave his best efforts and talents and earned the title of ideal dean. So successful was he in advancing the interest of his school and enlarging the matriculation list from year to year that the older schools marveled at the success which attended his administration. I feel that I can truthfully say that the records of no medical

school of this city will show the thoroughness and completeness that are to be found in those made by his direction.

On account of his peculiar methods, he did an enormous amount of work, both in his office as dean and meeting the exacting demands of a large and successful private practice. To give an idea of the amount of labor which he felt called upon to bestow upon every duty, I will cite one of many similar occurrences: At the Maryland General Hospital one day about noon he asked me to see a case with him the next day, we agreeing upon a certain hour for consultation at the patient's house. That night, after his office hours, and after a hard day's work, he wrote and mailed me a note, requesting me not to forget our engagement, as per our agreement at the hospital. The next morning he called me over the phone and asked if I got his note, and again refreshed my memory as to the appointment we had made the day before.

It can be truly said that Professor Streett was a martyr to his profession.

He was not only prominent in his chosen profession, but was frequently called to fill positions of trust and honor in other fields of endeavor, in all of which he performed the duties pertaining thereto in a manner that was highly creditable to himself.

In his home life he was a devoted husband, an affectionate and loving father, a Christian gentleman. With his friends he was always the same plain, unassuming and agreeable companion.

In the death of Professor Streett the University of Maryland has lost one of its most eminently successful teachers, the medical profession one of its most respected and honored members, the City of Baltimore one of its best citizens, and I a life-long, personal friend and colleague, whom I shall miss as the years go by more than words can express or pen indite.

I am,

Sincerely yours,

JNO. D. BLAKE.

THE LATE DR. STREETT.

By RIDGELY B. WARFIELD, M.D.

To those of us intimately associated with Dr. Streett throughout his maturer years I think an appreciation of a peculiar freshness and indi-

viduality in all his personal and professional relations comes with particular emphasis now that he is gone.

At about 60 and following an illness of only a few weeks, he is dead, after a career of singularly alert and incessant activity, and with no suggestion until the very end of lessened force or increasing age.

An unusually busy man, with a large general and consultation practice, he brought to his work a devotion and energy almost phenomenal.

He was a talented, tireless teacher, fluent and interesting, inspiring his classes by reason of his own earnestness.

Especially to his hospital service he gave a painstaking attention. By precept and example and with unwearying enthusiasm he trained and encouraged an ever-changing staff. He made use of all available laboratory assistance, studying his cases with personal direction of smallest detail, and was a careful and systematic builder of records and admirable case histories. He visited his wards at least twice a day; was a helpful and resourceful therapeutician and clinician, kindly and considerate to his patients of every degree, and shared with them, as with every one with whom he came in contact, a breezy and compelling optimism.

His reward was in his achieved results and in his self-improvement.

I recall no man who more incessantly throughout his life sought to improve his personal knowledge and grasp of fact. Every evening was to him a period of study. He never went to his classes unprepared, and was always striving to learn—a student of the past as well as of the present—and for recreation delving into the written records of history with a boyish enthusiasm and love for the wonders of the world.

It is likely that he regarded as the most fruitful part of his life's work his 25 years of service as dean of the Baltimore Medical College. In the rich development of that institution, builded out of the very ground by a remarkably capable group of men, Dr. Streett was doubtless the most important factor. It is in this relation also that brought him in close contact with so many younger men that he will be remembered and mourned by hundreds of medical graduates scattered now throughout the country. In all the affairs of the dean's office, as in faculty meetings and elsewhere, he was invariably constructive and

helpful, with a very genius for system and organization.

In life's vineyard, in the service of humanity and using his entire equipment of mind and spirit and strength ungrudgingly and unselfishly, he has performed his labor, and in the "dreamless sleep that lulls the dead" he has earned his rest.

However various the measure of men's work, what more will be achieved by any of us?

TWO CHARACTERISTICS OF DR. STREETT'S LIFE.

By J. M. H. ROWLAND, M.D.

There are two characteristics of Dr. Streett which I think all of those whom he taught and who came in daily contact with him would consider pre-eminent.

The first was his unfailing courtesy. No matter who was the recipient of the courtesy, its quality did not change. It was the same to the poorest negro in a public clinic as to his most prosperous patient or his friend.

The second was an extraordinary kindness. In an acquaintance of 25 years, in which there was almost daily contact, I never knew him to do an unkind thing. No amount of imposition, from which he constantly suffered, no rudeness from others, no illness or overwork or press of engagements—nothing, indeed, seemed able to move him from a consistent exhibition of courtesy and kindness.

Dr. James A. Nydegger, surgeon in the United States Health Department here, who has just returned from a four-month stay abroad, commends in the highest terms the hospital service provided by the Allies.

Dr. Nydegger did not go to Europe officially, but because of his personal interest in the contributions to medical science which would be made.

One special feature of hospital work has developed, according to Dr. Nydegger, and that is the open-air hospital. There is such an institution at Cambridge, England.

Dr. Nydegger was offered passage on the *Arabic*, but took the *Philadelphia*, which sailed from Liverpool August 14.



DAVID STREETT, M.D.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, SEPTEMBER 15, 1915.

A DAVID STREETT SCHOLARSHIP.

This number of the BULLETIN is dedicated to the memory of Prof. David Streett, whose untimely decease we deplore. In our last issue we paid a tribute to our late colleague and friend in our editorial columns and, consequently, shall let other friends and colleagues of Professor Streett have an opportunity to express their appreciation of his character and work, in this issue. Words, however eloquent and appropriate they may be, are like the fragrance of a rose, which delights us for a brief period and then becomes faint and soon passes away. The motto of our affiliated school, the College of Physicians and Surgeons, is *οὐ λόγῳ ἀλλ' ἔργῳ*, which means "not by word, but by deed." It seems to us, therefore, that we should honor the memory of our colleague by deeds rather than by words, or preferably by both words and deeds. In what way can we do this effectively? Dr. Streett was a professor in the Baltimore Medical College 28 years, and was its dean 25 years; he was also a professor in the University of Maryland 2 years. He was, therefore, known and loved by almost every student and graduate of the Baltimore Medical College during the whole course of its existence, as well as by the students of the University during the past 2 years. He was a graduate of the College of Physicians and Surgeons; consequently, he had claims on all the elements now constituting the medical school of the University. We wish to suggest the desirability of establishing an en-

dowed scholarship to be known as the "David Streett Scholarship." No more useful memorial could be founded at the same cost than such a scholarship. Three thousand dollars would be needed for this purpose, and certainly there ought not to be any difficulty in raising this amount among the friends and students of Dr. Streett, to whom so many are under lasting obligations. We have at present six scholarships, but the applications for them far exceed in number those at our disposal. One of the urgent needs of the medical school is additional scholarships, by means of which we may be able to assist worthy students to complete their medical education. The writer would be pleased to contribute to a fund for this purpose.

Any responses to this appeal may be addressed to Dr. Nathan Winslow, editor HOSPITAL BULLETIN.

"AS FOR MAN, HIS DAYS ARE AS GRASS."

With the opening of the present session old students will notice with sadness and sorrow four familiar faces of the faculty are absent—the younger Chew, Coale, Spruill and Streett. All of these men had peculiar attributes which will make it almost impossible to fill their places; particularly is this true in the case of Dr. David Streett. His optimism, cheerfulness and indomitable energy were and are factors much needed in the upbuilding of any institution, especially ours. Though his death came as a great shock to the faculty, it was received with no less sorrow by his many past students, who will mourn him not so much as teacher and counsellor, but as friend. Thus again death has claimed one of the few remaining physicians of the old school type, always courteous and pleasant, courtly, and at the same time sympathetic. His virtues were many, his faults but few, and these were principally over-kindness to others. He was never known to have uttered a bitter or unkind word about anybody, and had no enemies, and exemplified by his life all those virtues which are the attributes of a Christian. Coming so suddenly and unexpectedly, his death should remind us that, "As for man, his days are as grass; as a flower of the field so he flourisheth. For the wind passeth over it, and it is gone; and the place thereof shall know it no more."

THE PATHOLOGICAL FUND.

No active effort has been made for several months to increase this fund. We have not forgotten it, however, and intend to continue to make efforts to raise the \$100,000 that is needed for this department. In the meantime, it gives us pleasure to announce the following contributions:

Edgar G. Ballenger, 1901.....	\$25.00
Robert L. Mitchell, 1905.....	25.00

Total for August.....	\$50.00
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RESOLUTIONS ON THE DEATH OF
PROF. DAVID STREETT.

It becomes the painful duty of the FACULTY OF PHYSICS and BOARD OF REGENTS OF THE UNIVERSITY OF MARYLAND to place on record the death of Prof. David Streett.

Professor Streett graduated from the College of Physicians and Surgeons in the class of 1878. He was elected professor of principles and practice of medicine in the Baltimore Medical College in 1885, and for many years was dean of that institution. By his zeal, industry and administrative ability he was largely instrumental in the upbuilding of that college. When the merger of the Baltimore Medical College with the University of Maryland was made effective in 1913 Professor Streett became professor of practice of medicine and a regent in the University of Maryland.

Since his connection with the University of Maryland he has been most loyal and active in the work of the University and has won the esteem and respect of all his associates.

Professor Streett was a man of great energy and enthusiasm in all professional activities. By close application and industry he acquired a large fund of knowledge on all literary and scientific subjects, and was a highly cultivated Christian gentleman.

By his genial, affable manners and sweetness of nature he became greatly beloved by a large circle of friends and professional admirers.

He was widely known and loved by the graduates of the Baltimore Medical College and annually attended the alumni reunions of that college.

Be it Resolved, That a copy of these resolutions be recorded on the minutes of the Faculty of Physics and of the Board of Regents.

That a copy be sent to the family of Prof. David Streett, with the sympathy of the Faculty and Regents, and that a copy be sent to the University publications.

T. A. ASHBY.
J. C. HEMMETER.
R. B. WARFIELD.

CORRESPONDENCE

WESTWARD HO!

II—THE MEETING OF THE AMERICAN SURGICAL
ASSOCIATION AT ROCHESTER, MINN.,
JUNE 9, 10 AND 11, 1915.

Rochester, Minn., is a small town, remote from the great cities of the country. Nevertheless, it is the surgical Mecca of the United States, to which the surgeons of this country as well as many of those of foreign lands make their pilgrimages. It is known the world over as the seat of St. Mary's Hospital, made famous by the work of William J. and Charles H. Mayo. The American Surgical Association held its annual meeting here, in the assembly-rooms of the Mayo Clinic, and here were gathered many of the great surgeons of the United States and Canada. The president was Dr. George E. Armstrong of Montreal, who delivered an admirable address on "Surgery and War," in which he showed how the art of surgery had kept pace with the art of war, notwithstanding high-power arms, submarines and aircraft.

Two special topics for discussion were "The Acute Surgical Complications of Typhoid Fever" and "The Surgery of the Spleen." A number of papers were presented on each of these subjects, and the different phases of these conditions were pretty thoroughly considered.

Intestinal perforations are, of course, the most frequent and important surgical accidents occurring in the course of typhoid fever, with cholecystitis, appendicitis, abscess of the liver and bone and joint lesions occurring in about the order mentioned. Strong emphasis was laid on the necessity of early operations in suspected perfora-

tions even before an accurate diagnosis can be made.

Pain, tenderness and muscular rigidity may usher in an attack of typhoid fever and be mistaken for acute appendicitis. Usually fever precedes the pain in typhoid, but not always. The blood count is probably the most suggestive sign. If these symptoms are present and the blood count low, the case is probably not appendicitis, and operation should be delayed.

When symptoms of appendicitis occur in the course of typhoid or during convalescence, operation should be performed without delay.

Various surgical conditions of the spleen were discussed. Dr. Wm. J. Mayo summed up the mortality of splenectomy in their clinic as follows: "The mortality of splenectomy depends more upon the type of case accepted for operation than on the technical difficulties of the operation itself. If the patient is in good general condition, a small, movable spleen can be removed with a death rate so low as to be almost accidental. If the spleen is enlarged, but has considerable latitude of motion, splenectomy may be performed with almost no mortality beyond the possible accidents of a serious operation. But if the spleen is enlarged and adherent and the patient is suffering from a high grade of anaemia with myocardial and renal changes, marked by oedema of the lower extremities, or is suffering from ascites, jaundice, high temperature, etc., the mortality will necessarily be high. Even under these conditions, surprisingly few patients die directly as the result of the operation. In 14 of our patients oedema of the lower extremities was marked; 17 had ascitis with coincident myocardial and renal changes; 7 were jaundiced, and 5 were suffering from high temperature at the time of the operation. There were many combinations of these conditions, all in connection with high grades of anaemias, yet there were but 5 deaths in the hospital from all causes in the 58 cases operated on. As shown by the post-mortem, 2 of the 5 deaths were from preventable causes—hemorrhage and sepsis."

Besides these symposia, papers were read on a great variety of subjects, such as gall-bladder surgery, diseases of the breast, cancer of the tongue, aneurism, fractures, anaesthesia, etc., all of them interesting and instructive; but by far the most valuable instruction that one could obtain was by attendance on the daily clinics at St. Mary's

Hospital. Rochester is no place for a laggard, and the clinics were held at 7.30 A. M. One had to be up and moving right early to get breakfast, walk or ride a half mile to the hospital and be there promptly at 7.30. The operating staff was always on time, and the clinics began promptly. About 30 operations were posted daily, about equally distributed between the six operators. Thyroid, stomach and intestinal, pelvic and prostatic surgery constituted the major part of the work, but there was a great variety of cases of nearly all kinds. Unfortunately, the scientific meetings were held at 9.30, and it was very hard to leave the clinics and go to the meetings at the proper time. I am afraid some of us were frequently late in reaching the morning sessions of the Association. Not only, however, were we regaled with a scientific repast, but in a social way we were the recipients of much entertainment. On June 9 we were the guests at a splendid luncheon given by the Sisters of St. Francis in the beautiful new Nurses' Home at St. Mary's Hospital. We were waited on by pupil nurses; and they were pretty nurses, too! In the evening there was a smoker tendered by the staff in the lobby of the Clinic Building, at which there were other things besides smoke.

On the tenth Dr. and Mrs. Chas. H. Mayo entertained the members and ladies of the American Surgical Association and Pan-American Congress at their beautiful country home at Mayowood, about three miles from town. He has here a magnificent estate of 3000 acres, with a chateaulike home situated on a hillside overlooking a valley through which winds the Zumbro River. We were the recipients here of unbounded hospitality, and spent a most delightful evening. The last day of the meeting was June 11, and after attending the clinic from 7.30 to 9 A. M. and the concluding session in the morning, we left by special train for Minneapolis at 2.30 P. M., and reached our destination four hours later. We here became the guests of the surgical and administrative staffs of the medical school of the University of Minnesota, and were at once conveyed in automobiles to the Minikahda Club, where a sumptuous dinner was served. The next morning automobiles were placed at our disposal, and we were taken around Minneapolis and its environs. The setting of this city is wonderful. The Mississippi River runs through it, giving power to the great flour mills for which the city

is famous; and within its limits are a number of large lakes, which afford opportunities for boating, bathing and other aquatic sports. The rain came down in torrents, and our machine skidded on the slippery road and stuck in a gulley, and there we remained until two countrymen with a team of strong horses pulled us out, for a consideration.

Minneapolis and St. Paul are practically continuous, and our ride terminated at the University Club, St. Paul, where Dr. and Mrs. Archibald McLaren entertained us at breakfast at 12.30. I was here in conversation with Dr. J. Ewing Mears of Philadelphia, who is one of the few original members of the Association now living. He said that as a boy he had been sent west on account of his health, and had been at Minneapolis when there was not a house there and only 50 at St. Paul; and that he had seen an army of 5000 Indians encamped on the site of the present cities. At present there are probably between 500,000 and 600,000 people in the twin cities.

The last and crowning event of the meeting was the steamboat excursion from St. Paul to Winona, on the Mississippi River, on the Mayo steamboat Oronoco, given by Dr. Wm. J. Mayo. This was a most delightful occasion; beautiful scenery, rare company and charming entertainment. We spent the night at Frontenac Inn, on Lake Pepin, which is an expansion of the river at this point. The next morning we resumed our trip down the river to Winona, where we took a special train back to Rochester, where the party disbanded; some going by special train to California and others returning to their homes in various directions. RANDOLPH WINSLOW.

ITEMS

Major J. Harry Ullrich, B. M. C., class of 1897, has returned home after a 10 days' visit to the Medical Reserve Camp in Tobyana, Pa. He was in command of the company, which consisted of 33 enlisted men and 5 assistant surgeons, known as Field Hospital No. 1, Maryland National Guard. The company worked in maneuvers with the Third United States Artillery and the First New York Artillery.

Dr. and Mrs. Frank J. Kirby have returned to their home, 110 E. North avenue.

The University of Maryland record at the recent State Board examinations is as follows:

No.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	materia Medica.	Therapeutics.	Physiology.	Total.	Average.
3*.....	1914	77	81	65	87	76	70	75	77	75	683	76
4*.....	1913	66	89	75	72	75	50	85	93	76	681	76
5.....	1914	77	90	81	90	76	70	75	67	88	714	79
12.....	1912	85	91	85	91	79	95	75	83	80	764	85
27.....	1914	69	..	46	72	75	76	..	..	61	..	..
28.....	1915	90	79	94	96	80	97	89	86	83	794	88
32.....	1914	72	..	..	..	..	45	50	..	70	..	..
33.....	1915	73	75	80	90	75	77	75	77	67	689	76
34*.....	1914	..	72	60	90	75	80	..	..	..	..	..
35*.....	1914	69	..	60	..	63	80	62	39	75	..	..
41*.....	1913	75	75	65	82	64	65	64	89	80	659	73
42.....	1915	96	90	85	97	81	95	89	100	90	823	91
43.....	1915	76	85	73	87	81	94	77	76	75	724	80
44.....	1915	80	88	94	90	75	90	90	82	84	773	86
48*.....	1915	93	93	75	82	81	83	82	77	85	751	83
50.....	1915	76	84	66	92	75	64	84	87	70	698	77
52.....	1915	80	87	85	94	83	89	62	88	64	732	81
53.....	1915	85	88	90	88	81	97	80	84	78	771	86
57.....	1915	92	91	95	95	78	90	84	100	93	818	91
59.....	1914	61	..	..	..	..	80	68	..	80	..	..
61*.....	1914	75	81	55	81	83	45	75	64	70	629	69
62.....	1915	79	88	80	92	71	75	81	78	80	724	80
64.....	1915	83	84	84	92	75	85	90	84	82	759	84
70.....	1915	87	90	83	85	64	83	85	75	88	740	82
72.....	1915	94	77	89	86	67	91	79	87	75	745	83
76.....	1915	91	86	72	87	79	100	76	78	83	752	83
77.....	1915	74	84	82	97	82	84	79	86	80	748	83
84.....	1915	80	87	88	91	55	70	75	37	92	675	75
85.....	1915	82	..	..	..	..	82	88	..	82	..	..
91.....	1915	94	86	82	90	76	99	93	76	75	771	86
92.....	1915	79	..	..	..	..	75	88	..	88	..	..
94.....	1915	77	77	70	65	75	70	60	73	85	652	72
95.....	1915	85	..	..	..	..	65	69	..	82	..	..
96.....	1915	83	84	67	82	75	75	67	67	84	684	76
97.....	1915	76	80	76	80	59	75	75	80	90	712	79
99*.....	1915	74	84	89	81	80	60	75	69	84	696	77
100.....	1915	92	91	89	94	80	99	93	91	83	812	90
101*	1915	88	90	92	92	76	75	80	76	91	760	84
102.....	1915	79	92	80	91	86	89	79	86	81	763	85
103.....	1915	77	..	..	..	..	57	66	..	86	..	..
104.....	1915	68	..	..	..	..	75	50	..	75	..	..
105.....	1915	75	..	..	..	..	78	77	..	80	..	..
106.....	1915	75	88	90	80	75	75	66	81	81	711	79
107.....	1915	83	91	79	81	75	95	89	87	75	755	84
110.....	1915	90	85	91	92	87	80	84	94	88	791	88
112.....	1915	80	90	82	88	76	79	80	78	85	738	82
113.....	1915	91	76	85	79	75	80	84	88	77	735	82
114.....	1915	90	85	71	89	80	77	78	71	81	722	80
116.....	1915	80	88	86	89	79	86	84	96	80	768	85
117*.....	1915	70	80	80	88	75	67	64	79	67	678	75
120.....	1915	85	90	82	85	78	88	83	82	90	763	85

*College of Physicians and Surgeons.

Dr. Antonio Balart, class of 1914, writes us as follows:

"Guantanamo, June 15, 1915.

"Dr. NATHAN R. WINSLOW,
Baltimore, Md.

"My Dear Dr. Winslow: I have just learned of the sudden death of Dr. R. Dorsey Coale, our former dean and teacher. His sudden death has deeply impressed everyone who knew him, and the University has lost a teacher, a man and a friend. It will take years to fill the hollow left by his death in the old Alma Mater.

"I want to take this opportunity to express my sorrow to his friends and family.

"I am receiving the news at the University, published in the BULLETIN, regularly. For this courtesy I thank you very much, as this enables

me to keep in touch with what is going on at the University.

"Hope by this time you are taking a good rest, now that school is over.

"Please remember me to your father and tell him that all the boys want to see him over here. Please give my regards to Drs. Ashby and Coleman.

"Let me hear from you from time to time.

"Tell Dr. Lynn to answer my letter.

"Your friend,

"A. BALART."

The clinical assistants for 1915-1916 are as follows:

Richard T. Arnest, Virginia.
Robert Bailin, New York.
Thomas L. Bray, North Carolina.
Thomas E. Brown, Pennsylvania.
Michael E. Cavello, New York.
J. J. Chandler, A.B., South Carolina.
C. S. Crook, Maryland.
S. T. Day, New Jersey.
Thomas Dominguez, Porto Rico.
Bernard J. Ferry, Pennsylvania.
Frederick T. Foard, North Carolina.
Peter N. Gatsopoulos, Greece.
George H. Gwynn, Florida.
Albert L. Hawn, North Carolina.
Juan A. Lay, Porto Rico.
Clark S. Long, Pennsylvania.
F. J. Mejias, Porto Rico.
Joseph Moses, New York.
A. B. Nevling, Pennsylvania.
Lyman R. Porter, Maryland.
M. G. de Quevado, Porto Rico.
Chas. A. Reifschneider, Maryland.
George W. Rice, Maryland.
Herbert W. Rogers, Virginia.
A. M. Santos, Cuba.
Norwood N. Voss, Maryland.
H. W. Gwynn, Florida.

The total number of patients treated in the hospital during the year 1913-14 was 7638.

Dr. R. Gerard Willse, class of 1909, has been spending some time on the Eastern Shore of Maryland fishing.

Dr. John F. Hawkins, class of 1906, of 1618 Light street, Baltimore, sustained painful injuries

in a collision between his automobile and another motor car recently.

Dr. George E. Bennett, class of 1909, who has been associated with Drs. Baer and Baetjer in orthopedics and instructor in orthopedics at Johns Hopkins University has been made junior member of the firm of Baer, Baetjer & Bennett. Good for "09."! We congratulate Dr. Bennett.

By request we publish the roll of class of 1905. B. M. C., with their addresses, as far as we are able to ascertain:

Dr. Saverno Agnelli, 281 E. 151st street, New York, N. Y.

Dr. L. H. Ashton, Franklin, Pa.

Dr. George Ashton, Mapleville, R. I.

Dr. A. Ballou, 327 Neponset avenue, Boston, Massachusetts.

Dr. G. W. Betson, White Haven, Md.

Dr. J. G. Bishop, Gelox, Va.

Dr. H. C. Blake, 1014 W. Lafayette avenue, Baltimore, Md.

Dr. R. L. Blake, 637 Columbia avenue, Baltimore, Md.

Dr. Buchanan, West Alexander, Pa.

Dr. Gaines, Seaside, Ore.

Dr. Campbell, 10 Central avenue, Newark, New Jersey.

Dr. Canino, Albonito, Porto Rico.

Dr. B. W. Carey, Fitchburg, Mass.

Dr. F. A. Carey, 87 Washington street, Tanton, Mass.

Dr. Colwell, 140 Plainfield street, Providence, Rhode Island.

Dr. Conway, Olyphant, Pa.

Dr. Corbitt, Waverly, W. Va.

Dr. A. G. Coughlin, Athens, Pa.

Dr. Criss, Mannington, W. Va.

Dr. Cuddy, Athol, Mass.

Dr. Cummings, Allisonia, Va.

Dr. C. M. Dailey, York, Pa.

Dr. Bert Daly, 146 Avenue C, Bayonne, N. J.

Dr. D. J. Daly, 471 E. 96th street, New York, New York.

Dr. George Davies, Cedar Grove, N. J.

Dr. Davis, Weston, W. Va.

Dr. Devlin, 72 Thomas street, Newark, N. J.

Dr. Driscoll, Weymouth, Mass.

Dr. Drosin, 1666 Lexington avenue, New York, N. Y.

Dr. Duncy, Brockton, Mass.

Dr. Duffy, Natick, R. I.
 Dr. Dunnick, Shrewsbury, Pa.
 Dr. Egbert, The "Cairo," Washington, D. C.
 Dr. Gassett, Wallum Lake, R. I.
 Dr. Gould, Sherburne, N. Y.
 Dr. Groff, Washington, D. C.
 Dr. W. B. Hamaker, Mount Joy, Pa.
 Dr. Heffner, Gilbertville, Mass.
 Dr. Hoffman, Jackson Center.
 Dr. Hudson, Hoffman Island, Quarantine Station, Staten Island, N. Y.
 Dr. Wm. Keim, Jerome, Pa.
 Dr. Kelly.
 Dr. Kennedy, Basalt, Colo.
 Dr. Langley, Harrington, Wash.
 Dr. Laserte, Leominster, Mass.
 Dr. Lawlor, 94 Bennington street, Lawrence, Massachusetts.
 Dr. LeGro, Haverhill, Mass.
 Dr. Long, Roxboro, N. C.
 Dr. Magarian, Hiteman, Iowa.
 Dr. Markers, 70 Wickliffe street, Newark, N. J.
 Dr. Miller, Hyndman, Pa.
 Dr. Minchner, Glenwood, Ala.
 Dr. Morrison, Holyoke, Mass.
 Dr. Mousley, Alstead, N. H.
 Dr. A. A. Mulligan, Harrison, N. J.
 Dr. W. B. McGlennon, Harrison, N. J.
 Dr. McCue, 100 Schools street, Jamaica Plains, Boston, Mass.
 Dr. McPartland, Hartford, Conn.
 Dr. Neal, S. W. Harbor, Maine.
 Dr. Nesbitt, Haney Grove, Tex.
 Dr. Pflueger, Fairchance, Pa.
 Dr. Pile, Latrobe, Pa.
 Dr. Potter, S. Framingham, Mass.
 Dr. Povey, 39 Mott street, Newark, N. J.
 Dr. Reynolds, 90 Copeland street, Quincy, Massachusetts.
 Dr. C. D. Rollins, Lake City, S. C.
 Dr. Schnell, North Tonawanda, N. Y.
 Dr. Schoonover.
 Dr. Skinner, 510 W. 140th street, New York, New York.
 Dr. Snavely, Cedar Grove, N. J.
 Dr. Spillman, New Cumberland, W. Va.
 Dr. Spector.
 Dr. Stevenson, Aliquippa, Pa.
 Dr. Sukeris, 162 Count street, Boston, Mass.
 Dr. Summerbell, Nabua, Mich.
 Dr. Swiger, Brown, W. Va.

Dr. J. G. Thomas, Adamstown, Md.
 Dr. D. O. Thomas, New Kensington, Pa.
 Dr. Thorp, Winburne, Pa.
 Dr. Van Landingham, Fort Pierce, Fla.
 Dr. Van Zile, 80 Wall street, New York, N. Y.
 Dr. Walker, Cairo, N. Y.
 Dr. Walsh, St. Johnsbury, Vt.
 Dr. Warren, Fall River, Mass.
 Dr. E. C. Wasson, Cambridge Springs, Pa.
 Dr. Waters, Gardner, Mass.
 Dr. Watkins, Ocanto, Wis.
 Dr. Wess, 914 E. Biddle street, Baltimore, Md.
 Dr. Wiley, Bristol, Va.
 Dr. Wilkinson, Trevirton, Pa.

Miss Nettie M. Bay, University Hospital Training School for Nurses, class of 1915, night superintendent of the University Hospital, who has been spending a few weeks in Harford county recovering from a sprained ankle, is much improved.

Dr. Isaac C. Dickson, class of 1897, of Walbrook, Md., after spending a fortnight motoring in the North, has returned to his home.

Dr. and Mrs. Charles O'Donovan and their children, who, since giving up their country place near Cockeysville have been occupying their town house on East Read street, have left for New York, where they will spend some time at Niagara Falls and other points in the North, returning to Baltimore about the latter part of the month.

Dr. and Mrs. Henry J. Hahn and family have returned to their home, after spending the month of August at the Glaslyn-Chatham, Atlantic City.

Dr. and Mrs. Alexander D. McConachie of 805 N. Charles street have been on an extended motor trip in Canada.

Dr. and Mrs. B. Merrill Hopkinson have been spending the late summer in East Gloucester, Massachusetts.

Miss Virginia R. Clendenin, University Hospital Training School for Nurses, class of 1914, has accepted the position of night superintendent at Bayview Hospital.

Miss Marjorie B. Sprecher, University Hospital Training School for Nurses, class of 1914, has accepted a position at the Robert Long Hospital, Indiana.

Dr. Robert Lawson Kennedy, class of 1910, who for the past three years has been located at Havana, Fla., writes us that he has succeeded in building up a good practice, and that lately he has had a number of interesting cases, which he has treated with good results. He also says that he should be most happy to hear from his friends and classmates. His address is Havana, Fla.

Dr. Hugh Raymond Spencer, B. M. C., class of 1910, associate professor of pathology and bacteriology, is spending the summer at Jonesville, Harford county, Maryland.

Miss Marie K. Balsley, University Hospital Training School for Nurses, class of 1914, who has been seriously ill with pleurisy at the hospital, is much improved.

The Baltimore County Medical Association held its monthly meeting August 18 at Mount Hope Retreat, where the members were guests of the Sisters of Charity and medical staff of the institution, of which Dr. Charles G. Hill, professor of psychiatry at the University of Maryland, is physician-in-charge. Forty-two physicians were in attendance. A luncheon was served at 2 o'clock, after which the physicians were escorted through the building. After this part of the program addresses on mental diseases were made by Drs. Hill, Frank J. Flannery, class of 1880; Charles B. Ensor, P. & S., class of 1903; G. Lane Taneyhill, class of 1865; Andrew C. Gillis, P. & S., class of 1904; William J. Todd, P. & S., class of 1889; W. P. E. Wyse, class of 1886, and Richard F. Gundry, P. & S., class of 1888.

Miss Sadie E. Davis, University Hospital Training School for Nurses, class of 1914, has accepted the position of assistant superintendent and O. R. at Bayview Hospital.

Dr. and Mrs. John Houff have been spending some time visiting friends on the Eastern Shore of Maryland.

ENGAGEMENTS

The engagement is announced of Miss Eliza Leiper Winslow, daughter of Dr. and Mrs. Randolph Winslow, 1900 Mt. Royal Terrace, to Dr. John S. B. Woolford, class of 1896, of Chattanooga, Tenn. The wedding will take place in the fall.

Dr. Woolford lived in Baltimore some years ago. He and Miss Winslow met early last summer while they were passengers on a steamer en route to Europe. On their return to this country their friendship was renewed.

DEATHS

Dr. William P. Barnett, class of 1866, died at his home, Lafayette and Guilford avenues, of Bright's disease, August 29, 1915, aged 73 years.

Dr. Barnett was born in Dorchester county, Maryland, and there he received his early education. In 1866 he entered the University of Maryland, being graduated with the degrees of doctor of pharmacy and doctor of medicine. He never engaged in the practice of medicine, but devoted himself to pharmacy.

Besides his son, his only survivor is his widow, Mrs. Anna Eliza Barnett. Dr. Barnett was a nephew of former Governor Hicks of Maryland. He was a member of the National Association of Retail Druggists.

Dr. Everett Alanson Sherrell, class of 1912, of Statesville, N. C., for a year and a half assigned to the care of the tuberculosis division of the Bellevue Hospital, New York City, where he contracted tuberculosis, since that time in pursuit of health at Saranac Lake, N. Y., and Black Mountain, N. C., died at his home in Statesville, July 1, 1915, from tuberculosis, aged 29 years.

Dr. William A. Slaughaupt, College of Physicians and Surgeons, class of 1885, of Kane, Pa., died in the Summit Hospital, Kane, July 21, 1915, aged 57 years.

Dr. Charles Thomas Harper, class of 1894, of Wilmington, N. C., a Fellow of the American Medical Association and a member of the State Board of Medical Examiners of North Carolina, who was operated on for appendicitis recently at Harper's Sanitarium, Wilmington, died in that institution August 9, 1915, aged 42 years.

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INCISED WOUND OF HEART—SUTURE AND RECOVERY.

By WM. J. COLEMAN, M.D.,

*Medical Superintendent University Hospital,
Baltimore, Md.*

The following case is thought to be worthy of permanent record, and is reported for what it may be worth:

On the evening of August 20, 1914, Jennie G., colored, female, aged 36, was admitted to University Hospital. She had been slashed across the chest with a razor, and was in a very serious condition. She was taken at once to the operating-room, and ether was administered by the drop method. The anesthetic was well borne. The field of operation was cleansed by scrubbing with green soap. On inspection two wounds were seen on the left anterior chest wall; one 2 c. m. in length, 4 c. m. to left of mid-sternal line on a level with the left nipple, which was superficial in character. The second or main wound extended from a point below and to the outer side of the first wound, across the left breast and thence to the angle of the scapula. This incision had evidently been made with a sharp instrument, and had severed all the integuments and muscles, and had opened the thoracic cavity through the fourth intercostal space. The lung was seen to be collapsed, and an opening 2 c. m. in length was seen in the pericardium. The two wounds mentioned were connected, bleeding checked with clamps and ligatures and 10 c. m. of the fifth rib

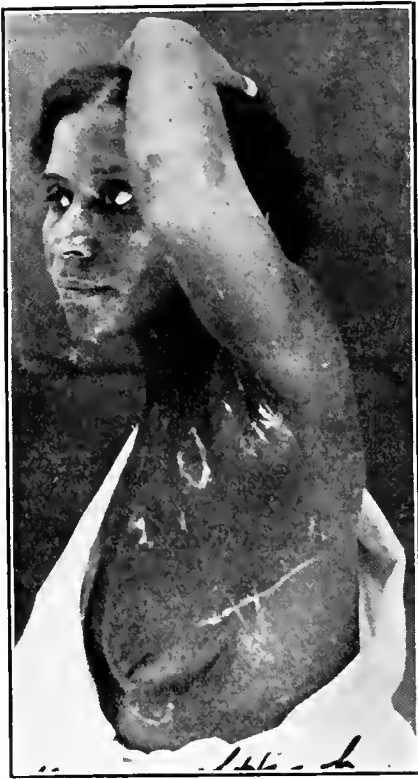
was resected at its anterior end. The pericardium was opened sufficiently to inspect the heart, and a wound was found in the left ventricle. This was closed with three catgut interrupted sutures, and a cigarette drain was placed in the pericardial sac and the pericardium closed with catgut down to the drain. The left pleural cavity was cleansed by sponging and two cigarette drains introduced, and the muscles and integuments sutured with catgut and silk-worm gut. The patient withstood the operation well, and when placed in bed her pulse was 106 beats per minute.

Following operation the patient steadily improved, the highest temperature was 101, pulse 130 and respiration 36, soon falling to normal. There was some drainage from both the pericardial and pleural sacs for two weeks, and the wounds were completely healed in a month. She was discharged, well, on September 25, 1914.

Wounds of the heart do not occur in civil life with great frequency, but when they do occur, they are generally fatal. They may be the result of stabs or cuts or of gunshot injuries. Naturally, gunshot wounds are more fatal than stabs; but prompt surgical interference may save the sufferer from impending death in both varieties of wounds in about 50 per cent. of the cases reaching the operating table.

"Simon has collected (up to 1912) 241 operations for gunshot wounds, with 124 deaths (51 per cent. mortality), and 200 operations for stab wounds, with 99 deaths (49 per cent.)."—Astley Ashhurst's *Principles and Practice of Surgery*, 1914.

With these possibilities confronting us we should be prepared to extend to the heart the same



Patient after recovery from wound of heart.

treatment that has become recognized as essential in wounds of the abdominal viscera, namely, exposure and suture; and we shall have at least a considerable measure of success.

REPORT OF CASE OF STAB WOUND OF THE PERICARDIUM.

By FRED RANKIN, A.M., M.D.,

Instructor in Surgery, University of Maryland.

The first deliberate attempt at surgery of the heart was made by Callender in 1871, at which time a needle was removed from the myocardium. Roswell Park, in 1877, aspirated a myocardial abscess. Farina, in 1896, reported the first recorded case in which sutures were applied for a traumatic opening in the heart wall. In this case he used three silk sutures. The relatively rare occurrence of traumatic wounds of the pericardium and heart, which come to operation, perhaps warrants the report of a case, even though the outcome was unsuccessful.

On April 23, 1911, patient H. G., aged 35,

laborer, was admitted to the surgical ward of the University Hospital from the accident room, with a history of having stabbed himself in the chest wall with a pair of scissors. Admission was at 7:30 P. M., the patient having stabbed himself a half hour previously. Practically nothing was known of the circumstances by the officers who accompanied him, hence an accurate history is unobtainable.

The examination showed a well-developed man, of average height, lying in dorsal decubitus position, and showing no signs of pain or shock.

The pupils react to light and accommodation. The expression of the eyes is dull and vacant. The patient persistently refused to answer questions. On examination of the chest in the seventh interspace one-half inch internal to anterior axillary line is noted a small stab wound about 2 c m in length, from which a small quantity of blood is oozing. Auscultation reveals nothing; the expansion is shallow, but equal on both sides. Percussion note on both sides is resonant. Heart sounds are distinct, but rather distant, probably due to an emphysematous condition of the chest. Pulse rate is 88, temperature 96° by axilla. Patient is not in condition of shock.

Two hours later I visited the ward and made the following note: "Within the past two hours the patient's condition has become rapidly and decidedly worse. At present he shows marked symptoms of internal hemorrhage. Pulse is small, compressible, running—rate 138 to the minute. Heart sounds are very distant and indistinct, respiration 26, shallow and gasping. His dyspnea is his most distressing symptom. Pupils are dilated, abdomen is negative, and there is no vomiting. Stomach tube was passed, and a small amount of clear fluid withdrawn.

Chest.—Right front—negative. Left front—on percussion, a quadrangular area of dullness is made out, beginning at sixth interspace at sternal margin—thence to anterior axillary line in seventh interspace; thence to lower border of ninth rib in anterior axillary line, and thence over to seventh costosternal articulation. A diagnosis of heart wound was ventured, and operation decided upon at once.

Operation.—Under ether anesthesia the chest was opened by a curved incision from the fourth to the seventh ribs. A musculocutaneous flap was dissected up and turned in toward the ster-

num, and portions of the sixth and seventh ribs, and their costal cartilages, were resected. Upon this exposure it was found that the wound had pierced the seventh costal cartilage, and opened the pericardium and pleura. In resecting the ribs I unintentionally enlarged the pleural wound. There was such an extravasation into the tissues that it was impossible to determine whether the internal mammary or one of the intercostal arteries had been primarily injured. I tied the internal mammary. The opening in the heart sac was now enlarged, and several ounces of clot, which filled it, thus impeding its action, were evacuated. A hurried examination of the heart itself failed to reveal a wound, but in the light of the subsequent outcome I may have overlooked an injury. However, the patient's condition was such that further interference seemed dangerous, and packing was put into the pericardial wound. No attempt was made at suturing it, and the patient was returned to the ward. In two days the packing was removed, and a smaller tuck was put in. There was a considerable drainage of sero-sanguinous fluid, but the patient's general condition seemed somewhat improved. Three days later the wound was discharging freely, and the discharge, becoming purulent, tubes were put into the chest. On the 9th day, while the chart was that of a distinct empyema, the drainage was good, and the patient's appetite and strength were returning in some slight measure. This picture continued until the 18th day, when the patient died suddenly—we thought of an embolus. Unfortunately, autopsy was denied, and the exact extent of his injury, as well as the immediate cause of death, was never determined.

REPORT OF TWO CASES OF SARCOMA OF THE SCAPULA.

By RANDOLPH WINSLOW, M.D.

On September 8, 1898, R. F., an Italian woman aged 21 years, and married, was admitted to University Hospital. As she spoke no English, it was impossible to obtain any adequate history of her case. Physical inspection soon determined that she was several months advanced in pregnancy. She was thin and anaemic in appearance. The condition for which she sought relief was a large growth involving the left scapula, and which had grown rapidly. This tumor projected



Fig. I.—Sarcoma of scapula.

on the dorsal surface of the body as a rounded mass almost the size of an infant's head. It was solid, but not very hard, and was judged to be a sarcoma of the body of the scapula. There was also involvement of the axillary glands. With much difficulty permission was obtained to remove the tumor, but an amputation at the shoulder was prohibited. We were, therefore, handicapped from the start; nevertheless I attempted the extirpation of the growth, with the preservation of the arm. The patient was not a good subject for operation.

A cross incision was made over the scapula, and the bone separated from its connection with the thorax, but the glenoid cavity, coracoid process and a portion of the acromion were not removed; that is, the neck of the scapula and acromion were sawed through. An attempt was made to clean out the axilla, but it could not be done satisfactorily. The woman was considerably shocked, but rallied, and made a good recovery from the operation, and left the hospital in less than a month with her wounds healed. She gave birth to a child at term, but died of recurrence within a year.

Case II. Jessie J., a colored girl 20 years of age, and married, was admitted to University

Hospital on January 14, 1915. Her complaint was a lump on the back involving the right scapula. This began as a small lump two years ago; but before she noticed any swelling there had been some pain in the right arm and shoulder. She had had a fall, but does not know that she struck her back. When discovered the growth was about the size of a hickory nut, but it gradually increased in size and became painful, the pain and soreness extending in various directions. The pain begins about 4 o'clock, and continues all night, seriously interfering with her sleep.



Fig. II.—Sarcoma of scapula excised January, 1915. Before excision.

She has lost 15 pounds in weight during the year, and is in rather poor condition. On inspection a rounded mass about the size of a closed fist is seen over the right scapula. This is solid, and moves with the scapula. No glandular enlargement was felt, and there was no involvement of the tissues around the right shoulder.

A diagnosis of sarcoma of the scapula was made, and an extirpation of the scapula was recommended and accepted.

Operation was done on January 18, 1915. A straight incision was made along the posterior border of the scapula, and another along the spine and acromion process. The muscles con-

necting the shoulder blade with the trunk were severed, and the deltoid detached from the spine. There was rather free bleeding before the vessels could be secured. When the parts had been sufficiently exposed the acromion process was sawed through at its junction with the spine, and then the neck of the scapula was divided with a small saw. In this manner the coracoid process and the glenoid cavity, as well as a portion of the attachment of the deltoid muscle, was preserved. The wounds were sutured without drainage. She



Fig. III.—Excision of scapula for sarcoma.

was badly shocked, but an intravenous infusion of salt solution caused a rapid improvement in her condition, and she progressed favorably. Following the shock her temperature reached $102\frac{3}{5}$, pulse 150, soon becoming nearly normal. She was discharged on February 16, 1915. I saw her about six months subsequently, and found a very normal-looking shoulder, but with little active movement at the shoulder joint. The function of the elbow joint and forearm were well performed. She was complaining of pain in the front of the chest, and there seemed to be a thickening of the tissues over the sternum. I imagine, therefore, that she has a recurrence at this

point. I advised her to return to the hospital, but she failed to do so, and I have not seen her since.

Sarcoma of the scapula appears to be a comparatively rare disease, and in most of the textbooks in my possession it is not mentioned at all. When it is well developed there is little difficulty in recognizing the condition, but by this time metastases have usually occurred, and the opportune time for operating has passed. When it is thought proper to attempt the eradication of the disease, the removal of the whole scapula should be done, with, perhaps, the exception of the glenoid cavity, coracoid process and acromion. It is not only a less difficult matter, but a less serious one to leave these structures in situ, and it leaves a more useful joint than would be the case if these parts were removed. The operation is a serious one, and there is usually considerable loss of blood. The vessels should be exposed and tied in continuity before being cut. Joseph D. Bryant says that 66 complete excisions of the scapula have been done, with 14 deaths, or nearly 22 per cent.

A CASE OF INTERSCAPULO-THORACIC AMPUTATION OF THE UPPER EXTREMITY FOR SARCOMA OF THE SHOULDER.

By NATHAN WINSLOW, A.M., M.D.,

Clinical Professor of Surgery, University of Maryland.

Whether a sarcoma of the bone ever follows a trauma sufficiently severe to produce fracture is still a debatable question. Murphy asserts positively that sarcoma never follows, but always precedes, fracture; and in his writings declares that in his experience he has never seen a sarcoma following a trauma sufficiently severe to produce fracture. Such a sequence is true in the majority of cases, and possibly in every instance. The case about to be reported appeared at first glance to be an exception to this rule, but a closer examination of the first skiagram (Fig. 1) positively shows sarcoma. The interest in the case then centers in its agreeing with the dictum of Murphy; and in the fact that the patient now, more than two years after an interscapulo-thoracic amputation, is alive and in excellent health.

Case M. S., male, Finn, married, chair caner, aged 40, a resident of Baltimore, was admitted to

the University Hospital, service of Professor Randolph Winslow, June 7, 1913, suffering with a lump in the shoulder. As there is nothing of interest in the past or family history of the patient, this phase will be omitted. The present history dates back to November 4, 1912, when the patient entered the University Hospital with a fracture of the surgical neck of the humerus. The fracture was incurred by the patient falling down an open areaway several days preceding the injury while on the way from his room to his boarding house. As the shoulder continued to bother him after using home remedies, he came to the hos-



Fig. 1.—X-ray taken when patient first entered hospital, upon which the diagnosis of fracture at surgical neck of humerus was made. A closer inspection would have shown beginning malignancy. (Taken with screen image reversed.)

pital for examination. It was then that a fracture was suspected, a skiagraph ordered, and the diagnosis confirmed. He remained in the hospital until December 3, 1912, when he was discharged as cured, with the following discharge note: "Fracture is united, patient is able to move arm in all directions, and suffers no pain; there is no deformity." Undoubtedly, if one had been on his guard, he would have recognized in the first X-ray, as well as in another taken after the fracture had been reduced, a beginning sarcoma.

However, the fact that the patient was suffering with a pathological fracture was overlooked, and as the shoulder, after a lapse of several months, began to swell and give pain, the patient returned to the hospital on June 7, 1913, for further advice. Upon examination the shoulder was found to be markedly swollen, and the upper end of the humerus distinctly enlarged. Sarcoma was suspected and a skiagraph ordered. The radiograph showed that our suspicions were correct. The patient was, therefore, advised to have a resection made of the shoulder and a bone implantation done. He consented, and on June 30 was taken to the operating room and a resection begun, but the surrounding soft tissues were found so invaded that after ligating the axillary vessels an interscapulo-thoracic amputation was made. The post operative course was smooth, and the patient left the hospital August 1, 1913, with the wound completely healed, and in excellent physical condition. He has been heard from only recently, and writes he is enjoying excellent health.

Of course, it is too soon to state that a permanent cure has been effected, but certainly two years of life in excellent condition is worth the risk taken in undergoing an operation of such magnitude. At operation the contiguous tissues



Fig. III.—Appearance of patient after amputation. Scar line is plainly visible.

were so involved that the operator did not expect to give the patient more than a month or two of life at most, so he is more than pleased with the present outcome. The lesson which we desire to drive home is that malignancy is of varying degrees of intensity, and that operation offers the only hope of prolonging life.

A SIMPLE METHOD OF REMOVING FLAT FOREIGN BODIES FROM THE TRACHEA OF THE YOUNG CHILD.

By RICHARD H. JOHNSTON, M.D.,
Baltimore, Md.

The method to be described is designed for the rapid removal of flat foreign bodies from the trachea of infants and children up to the age of three years. To the beginner no operation is more difficult than the removal of foreign bodies through the small bronchoscopes designed for infants. To the expert the operation is sometimes fraught with difficulty, because it is not easy to work through a 4 mm. tube unless the child is asleep, which adds to the danger of tracheoscopy. Flat foreign bodies, such as watermelon seed, sel-



Fig. II.—X-ray upon patient's second entrance to hospital, showing malignancy well developed.

dom pass into the bronchus of an infant or young child. They lodge in the trachea almost invariably, and necessitate a tracheoscopy for removal. To obviate the difficulties of working through a small tube, I had a small Jackson separable speculum made which measures 9.5 cm. in length and 10 mm. in diameter, with the light 1 cm. from the end of the tube. With the handle detached the speculum is passed into the throat, with the child's head straight on the table. The epiglottis is pulled up, and, with the child breathing, the trachea can be explored to the bifurcation. A foreign body can be easily seen, and if it is light in weight, as a watermelon seed, it moves up and down with expiration and inspiration. Forceps, introduced between the vocal cords, are made to grasp the object, which is quickly removed. No anesthetic is used. Atropin is given to dry up secretions. In the removal of two watermelon seed from the trachea of young children I was surprised at the excellent view of the entire trachea with the head straight on the table. I have no doubt that this method will work equally as well with foreign bodies or other shapes. Thus far I have had occasion to use it only with flat foreign bodies.

807 N. Charles street.

The following were recent visitors to the University:

Dr. Henderson Irvin, class of 1912, of Eureka, North Carolina.

Dr. C. N. Famous, class of 1901, of Street, Maryland.

Dr. Earl G. Breeding, class of 1913, of Rocky Mount, N. C.

Dr. Porter P. Vinson, class of 1914, of Trudeau, N. Y.

Dr. V. N. Lang, class of 1906, of Winston-Salem, N. C.

Dr. Thomas M. Bizzell, class of 1908, of Goldsborough, N. C.

Dr. J. S. B. Woolford, class of 1896, of Chattanooga, Tenn.

Dr. Ralph C. P. Truitt, class of 1910, of Jackson, Fla.

Dr. Charles L. Joslin, class of 1912, Mt. Wilson, Md.

Dr. Herbert A. Codington, class of 1911, James Walker Hospital.

Dr. William E. Gallion, Jr., class of 1912, of Darlington, Md.

Dr. John Cox Keaton, class of 1907, of Albany, Georgia.

Dr. J. H. Bates, class of 1907, of Millington, Md. *

Dr. Ralph E. Dees, class of 1906, of Greensboro, N. C.

Dr. J. Sterling Geatty, class of 1906, of New Windsor, Md.

Dr. William W. Beall, class of 1888, of Rock Hill, Md.

Dr. W. H. Smithson, class of 1905, of New Park, Pa.

Dr. Arthur E. Landers, class of 1907, of Crumpton, Md.

Dr. Z. C. Myers, class of 1881, of Lock, Pa.

Dr. J. W. Latimer, P. and S., class of 1875, of Galena, Md.

Dr. Samuel G. Love, class of 1914; C. E. Calhoun, class of 1902, of Crisfield, Md.

Dr. W. L. Byerly, class of 1911, of Glenwood, Md.

Dr. Newberry A. S. Keyser, class of 1883, of Joppa, Md.

Dr. R. E. Booker, class of 1902, of Lottsburg, Va.

Dr. H. E. Clark, class of 1914, of Sykesville, Md.

Dr. E. E. Travers, class of 1913, of Washington.

Caleb Winslow, A.M., has been appointed registrar of the medical department of the University of Maryland. He is a son of Prof. Randolph Winslow, and is an A.B. and A.M. of Haverford College, Pa. He has been engaged in teaching at the Jefferson School for Boys for the past three years. We believe he is exceedingly well equipped for the position to which he has been appointed.

During the last five years there have been numerous improvements to the hospital, to such an extent that the former graduates who have not visited it in that time will be agreeably surprised. Still lately there have been many changes and renovations, the former site of the University Hospital laundry being replaced with space for clinical teaching in addition to the present dispensary. For laundry purposes there has been erected a new building. The maternity ward and wards "K and E" have come in for extensive renovations.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, OCTOBER 15, 1915.

THIS ISSUE.

This issue is given over to the consideration of some rather rare and interesting cases which were seen and treated at the University Hospital. It was, therefore, thought that reports on them would be appreciated by our readers. Besides, the accounts would evidence in a concrete form and perpetuate what character of work is being done. As far as we are aware, Doctor Coleman, the superintendent of the University Hospital, is the first surgeon at the University Hospital to suture a lacerated heart. It gives us great pleasure to congratulate him upon the successful outcome of the operation. Heart surgery is yet still in its infancy. As far as recorded cases are concerned, there have been about 50 per cent. of recoveries after operations for wounds. Although the outcome of Doctor Rankin's case of pericardial suturing was not as happy as that of Doctor Coleman's, the work was pioneer in nature, and every bit as meritorious. His patient lived about twenty days, and until shortly before death gave every evidence of going on to recovery. Both cases are unique in the surgical clinic of the University Hospital, and the surgery in each instance of a very meritorious character.

The cases of the Winslows were along somewhat similar lines, and also of sufficient rarity to warrant permanent recording. Whatever Dr. Johnston says on tracheoscopy merits attention, as he is one of the pioneers in its development.

As a matter of fact, the editor congratulates himself upon being able to present to the readers of the BULLETIN such a galaxy of instructive and profitable articles, and hopes that they will thoroughly enjoy them.

THE DAVID STREETT MEMORIAL SCHOLARSHIP.

This office is in receipt of the following circular-letter, which is self-explanatory. The movement to establish a David Streett scholarship has our heartiest approval. Dr. Streett's friends by subscribing will not only perpetuate his memory, but will also meet a most urgent University need, there being a number of students in need of financial aid to finish their course.

The circular reads:

University of Maryland, Faculty of Physic,
Baltimore, October 1, 1915.

Dear Doctor—It is the desire of some of the friends of the late Prof. David Streett to honor his memory in a substantial manner; and it has been suggested that a memorial scholarship in his name be established at the University of Maryland for worthy but indigent medical students, to enable them to continue their studies. In this manner an urgent need may be satisfied, and a perpetual memorial be established in honor of our late friend and colleague. If this project meets with your approval, we should be glad to receive a contribution from you for this purpose.

Very truly yours,

CALEB WINSLOW,

Registrar.

RESOLUTIONS ADOPTED BY THE FACULTY OF PHYSIC OF THE UNIVERSITY OF MARYLAND ON THE DEATH OF DR. ST. CLAIR SPRUILL.

The Faculty of Physic of the University of Maryland wishes to give expression to the loss it has sustained in the death of Prof. St. Clair Spruill, who for over 25 years was associated with the work of the University, and who by his industry and loyalty contributed to the advancement of her best interests.

Professor Spruill graduated in the class of 1890, and the following year became a resident physician in the University Hospital. He later became medical superintendent of the Hospital, and for a number of years gave a most valuable service to the institution. He was largely instrumental in the building of the new University Hospital, and until his death was attending surgeon to the institution. He was elected to the

chair of clinical surgery in the Faculty of Physic, which position he filled with ability and distinction.

As a surgeon Professor Spruill was careful and painstaking in his work, and by his industry he achieved wide distinction in his profession.

Professor Spruill was respected and beloved by all who knew him, and his memory will ever be held in high esteem by his friends, patients and associates in the faculty.

Be it Resolved, That a copy of these resolutions be placed on the minutes of the faculty, and that a copy be sent to the family of Professor Charles W. Mitchell, his most intimate friend, in whose house Professor Spruill had lived most happily for many years, where he enjoyed the congenial ties of sincere affection and of lasting friendship.

CORRESPONDENCE

WESTWARD HO !

III—FROM ROCHESTER, MINN., TO SAN FRANCISCO—SIXTY-SIXTH ANNUAL MEETING OF THE A. M. A.—THE GREAT FAIR.

"The longest way round" is said to be "the shortest way home." However this may be, it is a fact that I left Rochester after the departure of the special American Surgical Association train, made a visit to my son at Baraboo, Wis., and reached San Francisco ahead of the other party. Baraboo is situated about mid way between Chicago and Rochester, on the Chicago Northwestern Railroad. Its chief claim to celebrity lies in the fact that it is the headquarters of the Ringling circus; secondly, that Dr. A. J. Ochsner was born there or thereabouts, and, lastly, that my son, Fitz, has settled there, and is ready to carve up the citizens in approved fashion for a reasonable stipend. It is a pretty town, and is located in a beautiful country. The people seemed thrifty, and I suspect they hold on to their wads tightly when they call upon a medical man. However, Fitz has been quite successful in securing good surgical work there. On June 15 we went to Madison, about 40 miles distant, and spent a delightful day. Madison is a beautiful city, the capital of the State and the seat of the famous University of Wisconsin. Like so many of the

Northwestern cities, it is situated picturesquely on splendid lakes which afford opportunities for sailing, boating and swimming in summer, and for ice boating, tobogganing and skating in winter. Lake Mendota, the largest of these lakes, was the scene of a distressing catastrophe some months ago, when two young men from Baltimore, students at the University of Wisconsin, lost their lives by drowning through the capsizing of their boat in a squall. We were most hospitably entertained by Mr. O. D. Brandenburg, editor of the *Madison Democrat*, and through his courtesy were enabled to see the points of interest of the city. The University of Wisconsin covers a large area on the shores of Lake Mendota. It has numerous handsome buildings, and enrolls about 6,000 students. We were fortunate in being there at the commencement season, and in being able to see the alumni procession as it marched to the banquet hall. The line was formed according to classes, the old gray-headed and gray-bearded veterans leading the procession. The alumni were not all old and gray-bearded, however, as many of them were young and pretty, and did not wear beards; and as far as could be seen they did not wear pantaloons either. Many of the younger classes dressed in distinctive costume; and their bright sweaters and jerseys added color and variegation to the line. We visited the beautiful capitol, not quite finished, and some of the party called on Governor Philipp, who received them graciously, and recalled with pleasure a visit to Baltimore some years ago. While in Baraboo we were the recipients of much civility from Mr. H. E. Cole, editor of the Baraboo newspaper, and his wife, who exerted themselves to entertain us. On June 17 I left Chicago for San Francisco, and after an uneventful journey reached my destination three days later. Like the fabled phoenix, San Francisco has risen from its ashes. It is now a city of splendid structures and beautiful parks. All the new buildings are fire-proof, and are supposed to be quake-proof as well. I have never seen as many hotels in a city as are to be seen here, and they are all new and attractive; and one can get good accommodations at prices to suit his pocketbook. The Saint Francis is very expensive, but many of the smaller hostelrys furnish excellent rooms and baths at moderate prices. I went to San Francisco to attend the meeting of the A. M. A., but I will not have much to say in

regard to the scientific proceedings for two reasons—first, they can be read in the *Journal* very satisfactorily; and, second, I did not attend the section on surgery very regularly. I gained the impression, however, that, from a scientific standpoint, the meeting was not a great success. In the discussion on cancer of the stomach W. J. Mayo expressed the opinion that this disease is the result of drinking hot liquids; while A. J. Ochsner believes it is due to infection, probably introduced into the stomach through eating uncooked vegetables grown in a soil contaminated with manure. The moral is, boil or thoroughly cook your vegetables, but don't cook your stomach by drinking scalding tea or soup. Dr. William L. Rodman, in his presidential address, announced the formation of a national board of medical examiners, of which Dr. Herbert Harlan, of this city, is a member. This board is to meet in Washington in October, and it is hoped that it will be the means of solving the problem of reciprocity in the various states; that is, that the license from this board will be accepted in any part of the United States as evidence of qualification to engage in practice. I do not believe this will come about at once, but I hope it may do so eventually. It is certainly greatly to be desired that some central authority should be established whose licenses should entitle their holders to practice in all parts of the American possessions. Of especial interest to us was the election of Rupert Blue, class of 1892, Surgeon General of the United States Public Health Service, to the presidency of the American Medical Association. This is the highest honor within the gift of the medical profession of this country, and it is bestowed most worthily in this instance. A matter of minor interest was the appointment of the writer as a member of the Judicial Council. Only eight men from Maryland registered at this meeting, including Professor Henry P. Hynson, of our department of pharmacy. I have said that I did not follow the sessions very closely. On Wednesday I made an all-day trip to Mt. Tamalpais and the Muir Woods. San Francisco was raw and chilly, and overcoats were pleasant, but as soon as we were across the Golden Gate the air was warm and balmy, and the skies blue and clear. I have noticed this fact in previous visits; in San Francisco the weather would be unpleasant, across the bay at Berkeley or Oakland the temperature would be mild and the climate

delightful. Mt. Tamalpais, the highest point in this section, is about 20 miles from San Francisco. The ascent is by means of a cog-wheel road, and the descent is chiefly by gravity. From the summit a most wonderful panorama of the city, bay, surrounding country and Pacific Ocean is had, which is a delight to behold. The hills and mountains near San Francisco are mostly devoid of foliage and bare, and it was a great surprise to find a canon between hills, a few miles from the city, in which there is a grove of the giant sequoia trees. This is known as Muir Woods, and is a national preserve. In this shady dell, where the mighty patriarchs of the forest lift their lofty heads nearly 300 feet into the air, John Muir, the famous naturalist, used to dwell, and his log cabin is still preserved. This is a delightful spot, and many campers and picnickers find here rest and recreation. On Friday, the 25th, various excursions by steamboat and machine were tendered the members of the A. M. A. and their guests. My party chose the water trip, first passing down San Francisco Bay in front of the city, and then turning we voyaged through the upper bay, which is known as San Pablo Bay, to the Mare Island Navy Yard, at Vallejo. This was a most interesting trip, as we were enabled to get a good idea of the magnificent waterways of this part of our country. At the navy yard we were hospitably entertained by the officers and ladies stationed there with music, as well as with more substantial refreshments. In the dry dock here were four submarines, doubtless much smaller than those that are causing so much havoc across the ocean, but still very sinister-looking crafts. The navy yard is situated on an island, and is so well hidden that one would never suspect that an important station was located there. This excursion closed the festivities of the meeting, and thereafter we were left to our own resources. Of course, the great Panama-Pacific International Exposition was the center of attraction for everybody. I was there but a few times, and only saw it in a hurried manner. I have seen several of these great fairs, but from an artistic point of view this is by far the most beautiful one that I have seen. The setting of the fair on the shore of the Golden Gate is most beautiful. The buildings are very ornate, and are tinted in many colors. The Tower of Jewels is most striking in appearance, and when lighted up by searchlights it sparkles and glitters as if, indeed, it were stud-

ded with precious stones. Notwithstanding the European war, there is quite a remarkable exhibit of foreign wares. France has an excellent exhibit, as has Sweden, Italy, Japan and some of the South American countries. The various state buildings are attractive; that of Maryland is a replica of the Carroll mansion at Homewood, and is even prettier than the original. To adequately study the Exposition would take weeks, and I regret that I could only devote a few hours to view it in a very desultory manner.

RANDOLPH WINSLOW.

ABSTRACT

THE NURSING INFANT.

B. Craige, class of 1909, El Paso, Tex. (*Journal A. M. A.*, Feb. 6, 1915), offers some practical suggestions for the prevention and correction of the too frequent nutritional disturbances caused by sole breast feeding. During the first few months of infancy there is more milk secreted probably than at any other part of the nursing period, and the liability of overfeeding in nursing babies is emphasized. Breast milk contains a much larger percentage of fermentive bacteria than cow's milk, and continued dilatation of a naturally delicate stomach in mixing fresh food with fermenting residue is almost certain, Craige says, to give rise to flatulent dyspepsia with its accompanying distress. The too frequent feeding affects the mother's nutrition and a vicious circle is thereby produced. When this mutual disturbance occurs, the mother must also become the patient and have an abundance of sleep, if necessary apart from the baby, good nourishing food, rest and exercise. A mother worrying all day and staying awake all night cannot be expected to produce a healthy food for her infant. When the father and mother are both healthy and lead well-ordered lives and the baby is normal at birth, three-hour intervals for feeding will give satisfactory growth and do very well up to weaning time, provided the night feeding is discontinued after the third or fourth month. The baby will probably cry, but it can be trained to sleep from 9 P. M. to 6 A. M., provided the mother will not go to it when it cries. As to the composition of the milk, the proteins and fat are the only constituents apt to be at fault, and the latter the

more so. It is more difficult to reduce this fat excess than to raise a deficient percentage. Regular habits and fresh air and exercise with good feeding of the mother will probably give the desired results. For the treatment of colic, these are the principal suggestions: Frequently diluting the milk by lime water before nursing helps, and carminatives can be sometimes employed with success. A common difficulty is the quantity of milk, and its deficiency is definitely shown by flabby breasts and evident dissatisfaction of the infant, and lack of growth. The more important factor in depleting the milk supply is nervousness of the mother, and there are some conditions that contraindicate nursing, such as much fever or serious complications after labor, grave anemias and heart disease, tuberculosis, etc., and the renewal of pregnancy. Before the physician advises weaning, he should satisfy himself that he has tried every way possible to produce a healthy milk supply and the discontinuance of nursing is itself imperative. The great majority of infants that die before two years of age are bottle-fed, and when there is not enough breast milk or it cannot be made to agree with a child by treating the mother, the use of supplementary food is important. Craige has had some success as a temporary expedient with proprietary foods, especially if the fat content is too high. All mothers dread weaning and the second summer, but it is as natural as the beginning of nursing. The dreaded second summer with the parents should be the "dreaded parents" with the infant, and he mentions some inappropriate foods that have been found in the weaning diet list. No age limit for weaning can be set, for each infant has a law to itself, but by one year an infant will wean itself if gradually a bottle of milk is substituted with cereals, toast, broth, etc. At nine months the average infant weighs 17 to 18 pounds, and few mothers can furnish sufficient nourishment for a child of this size. In most cases, when they attempt to nurse after seven months, to the exclusion of other foods, they run the risk of grave malnutrition or rickets.

ITEMS

Dr. Albert J. Underhill has been promoted from associate in genito-urinary diseases to associate professor of the same. He is an earnest,

scientific, as well as practical, worker, and well deserved his advancement.

Dr. Fred Rankin has returned to the city and resumed his work. He has been taking a nice long vacation, spent principally at Atlantic City.

Dr. Bascom L. Wilson, class of 1915, has resigned his position as resident to the University Hospital, and accepted a position in the Soldiers' Home in Washington, D. C. He has been succeeded by Dr. Bernard R. Kelly, also of the class of 1915.

Dr. M. L. Lichtenberg, class of 1912, formerly resident at the University Hospital, is located at 1638 North Monroe street for the practice of general medicine.

Mrs. Anne King Sieling, R.N., nee A. E. King, University Hospital Training School for Nurses, class of 1903, has opened a sanitarium for the treatment of convalescents, rest cures, nervous diseases and elderly people. The sanitarium is situated on Lawyer's Hill, near the Washington Boulevard, about five minutes' walk from Elkridge or Relay and eight miles from Baltimore. The place is called "Claremont," and consists of 50 acres of well-shaded rolling country. The BULLETIN wishes Mrs. Seiling much success.

Dr. George W. Dobbin, class of 1894, and Dr. John McF. Bergland desire to announce that they have formed a partnership for the practice of obstetric surgery, with offices at 56 West Biddle street. Consultation hours, 10 to 12 A. M. daily, except Sunday, and by appointment.

Dr. Hiram Woods, who spent the late summer at his cottage at Blue Ridge Summit, Pa., has returned to his home, on Park avenue.

Dr. Frank Martin, who has been at Mount Kineo, on Moosehead Lake, Maine, since the late summer, has returned to Baltimore and reopened his residence at Cathedral and Eager streets.

Dr. Roscoe C. Carnal, class of 1905, who was formerly a member of the State Board of Health, Richmond, Va., has moved to Ballsville, Va. He is in general practice.

THE DOCTOR.

Who works from morn till set of sun,
Is all day long upon the run,
And yet whose work is never done?
The doctor.

Who, when at last he seeks repose,
And falls into a gentle doze,
And makes sweet music through his nose,
Is roused up in the dead of night
By someone in a dreadful fright,
Who's sure she's going to die outright?
The doctor.

Who, when the days are scorching hot,
Can seek no cool, sequestered spot,
Because he must be on the trot?
The doctor.

Who must an even temper keep,
And hide his thoughts and feelings deep,
To cheer up those who wail and weep?
The doctor.

Who has to hear of countless ills,
And deals out multitudes of pills
To those who never pay their bills?
The doctor.

Who must be always very wise,
Ready to give profound replies
Whenever questions may arise?
The doctor.

Who, when the mercury is low,
Long, weary miles must often go
Through cutting winds and blinding snow?
The doctor.

Who must not show that it's a bore
To hear the family history o'er,
Five generations back, or more?
The doctor.

Who takes our aches and pains away,
And gives us courage, day by day,
To cheer us on our healthward way?
The doctor.

Who should be placed among the saints,
Whom history with us acquaints,
For patient listening to complaints?
The doctor.

LOUIE E. LANGLEY,
Williamsport, Pa. Class of 1910.

Dr. Francis W. Janney, class of 1905, announces the removal of his offices from 327 North Charles street to the Bowen & King Building, 405 North Charles street. His practice is limited to the eye, ear, nose and throat. Consultation hours, week days, 9 A. M. to 1 P. M.

The members of the Baltimore County Medical Association were entertained September 15 at Spring Grove State Hospital, Catonsville, by the superintendent, Dr. J. Percy Wade, P. and S., class of 1891. A luncheon was served, followed by an inspection of the buildings and grounds. Later a business meeting was held, at which papers were read by Dr. C. W. McElfresh, class of 1889, and Dr. Earnest H. Gaither, B. M. C., class of 1905.

Dr. B. J. Asper, class of 1911, of the medical staff of the Sheppard and Enoch Pratt Hospital, has resigned to take up the practice of his profession at Asper, Pa.

Dr. Samuel J. Fort, professor of materia medica at the university, has been appointed an inspector to the State Bureau of Statistics and Child Labor. He succeeds Dr. John C. Travers, class of 1891.

Dr. Frederick C. Warring, class of 1908, who was operated on recently in the Maryland General Hospital, is reported to be convalescing.

Dr. John C. Pound, B. M. C., class of 1896, is reported to be ill with fever.

Fire in the laboratory of Dr. Howard E. Ashbury, class of 1903, September 9, caused several thousand dollars' worth of damage.

Dr. Herbert E. Zepp, class of 1904, who was charged with having failed to report five cases of typhoid fever to the Baltimore Health Department, was exonerated, and the charge was dismissed, as the cases were found to have been reported as required by law.

On September 14, 1915, by invitation of the Berks County Medical Society, Pennsylvania, Dr. J. M. H. Rowland read a paper on "Kidney Insufficiency During Pregnancy."

After the meeting of the Medical Society a dinner for the University of Maryland Alumni was served, at which the following were present:

Dr. H. A. Stine, Harrisburg, Pa.
 Dr. G. A. Zimmerman, Harrisburg, Pa.
 Dr. A. K. Seidel, Reading, Pa.
 Dr. A. W. Curry, Reading, Pa.
 Dr. E. Y. Seyler, Reading, Pa.
 Dr. J. Henry Orff, Reading, Pa.
 Dr. Schaeffer, Reading, Pa.
 Dr. John B. Raser, Reading, Pa.
 Dr. W. C. Werts, Reading, Pa.
 Dr. L. H. Feick, Reading, Pa.
 Dr. H. H. Stewart, Freidensburg, Pa.
 Dr. G. W. Fahrenbach, Burnville, Pa.
 Dr. C. E. Schlappich, Burnville, Pa.
 Dr. R. Fabbri, Norristown, Pa.
 Dr. J. M. Salles, Kutztown.
 Dr. J. M. H. Rowland, Baltimore, Md.

At a meeting of the Faculty of Physic of the University of Maryland, held on October 5, the following officers were elected:

President—Randolph Winslow.

Vice-President—John W. Chambers.

Secretary—James M. H. Rowland.

Treasurer—Samuel K. Merrick.

Executive Committee—Arthur M. Shipley, Gordon Wilson, Ridgeley B. Warfield, Harry Friedenwald, William S. Gardner, William F. Lockwood.

Dr. Lockwood was made chairman of the Executive Committee and dean of the faculty.

Caleb Winslow, M.A., was elected by the Executive Committee registrar of the school.

Dr. John D. Blake, College of Physicians and Surgeons, class of 1875, of 1014 West Lafayette avenue, has been appointed Health Commissioner of Baltimore, to succeed Dr. Nathan R. Gorter, class of 1879, resigned. Dr. Blake was born in Mathews County, Va., November 3, 1853. Since his graduation from the College of Physicians and Surgeons he has made his home in Baltimore, and is one of the most widely known, successful and popular physicians in the city. He has had a large general practice, but in recent years has made a specialty of surgery. For twenty-two years he occupied the chair of professor of surgery at the Baltimore Medical College, and for three years the chair of clinical professor of surgery in the University of Maryland. Dr. Blake

was vaccine physician of Baltimore from 1880-81; vice-president of the Medical and Chirurgical Faculty from 1893-94; president of the Medical and Surgical Society and member of the City Council.

Dr. Nathan R. Gorter has been appointed a member of the State Board of Health. He succeeds Dr. Edgar A. P. Jones, B.M.C., class of 1893, of Cambridge, Md. Dr. Gorter will not be a stranger to the State Board, for he has been a member of it three years by virtue of his position as the Commissioner of Health.

Serbia is absolutely free of typhus fever now, according to a letter received in this city by a relative of Mr. J. Bruce Arnold, Jr., a former student at the University of Maryland Medical School, who went abroad with the Red Cross. Mr. Arnold has just arrived at Nish. He also says that at Malta the Dardanelles campaign is being described as "the worst slaughter house of the war."

The letter follows:

"Second Reserve Hospital,

"Nish, Serbia, Aug. 2, 1915.

"Dear—Have arrived in Nish at last, after a great trip. I got here on the morning of the 17th, one month and three days after leaving New York. As I have already written, our ship was held two days at Gibraltar, then sent to Malta, where we were held eight days. The Americans only were allowed ashore in Malta. I wrote several letters from there, but, as they had to go through a strict censorship, they may not have reached you. Valletta, the port of Malta, is a beautiful city, full of soldiers and sailors.

"They told us some great stories of life at the Dardanelles, the worst slaughter house of the war. The hospitals at Valletta had more than 10,000 wounded and 800 cases of typhoid in them, with one or two hospital ships coming in daily loaded to capacity, while daily transports left with fresh troops for the slaughter. The harbor was full of battleships, cruisers, submarines and mine-sweepers in course of repair and taking on supplies. Several first-class French dreadnaughts left while we were there. I should have liked to take some photos, but those who had cameras were warned that they would be confiscated if caught using them anywhere.

"Finally we reached Piraeus, Greece, which is 20 minutes from Athens, via subway. We stayed in Athens four days waiting for a boat to Saloniki. We went all over Athens, saw all the ancient ruins. I had my photograph taken sitting in the king's chair at the stadium. We had a great time. Sat out in front of the coffee houses, and smoked the old Turkish water pipes. There are absolutely no tourists in Greece for the first time in years.

"On Friday, the 13th, we left Athens and Piraeus by boat for Saloniki, arrived the next night. We had to wait until 8 o'clock Monday morning to get a train, so we had time to see Saloniki. It is said to be the most cosmopolitan city in the world since the Greeks have had possession of it. We saw every nationality I can think of, and nearly all the native costumes. The clothes of both men and women range from the very latest Parisian to garb several thousand of years old, the Turks and Jews particularly adopting the old dress. The night life of the cafes is a second Paris, while the beggars on the streets might be from India, Egypt or Turkey. One could spend a month in the bazar alone, a part of the city where the shops are situated, and where the streets are covered with a shed from side to side. The shops are mere holes in the wall, and you walk an hour and never turn a corner, and possibly come out where you started.

"We left Saloniki on Monday. The trip to Nish is 24 hours. It would be about 8 at home. When we crossed the border from Greece to Serbia we had to give our letters to the officials, and we were given a railroad pass on the Serbian road.

"The border town, Ghevgegi, was the scene of a fearful typhus outbreak, and it was here that two or three Americans died. The hospital I am in was filled with typhus, 2,300 cases at one time. There is absolutely no typhus in Serbia now, however, thanks to Dr. Richard Strong, the American. We arrived in Nish on Tuesday after a beautiful night in a German sleeping car filled with insects.

"We are on the Austrian border, or in old Serbia. We are the first to be favored this way, all the men having been sent to "new Serbia," among the Turks or Albanians, who are a bunch of cut-throats, I hear. The town is full of Austrian prisoners. They work in the streets. We have a bunch of them in the hospital, some sick

and some working. Four of us have one assigned to look after us. He keeps our rooms clean, shines our shoes, etc. They are all nice fellows as a rule, and are exceedingly well treated, I think, as they have the freedom of the town. The chief surgeon in this hospital is a captured Austrian, as is also his assistant. He is a pretty good man. They operate here daily.

"The meals at the hospital are good. We have the most cosmopolitan crowd imaginable at the table. There are several Russians, several Austrians, a German, Serbians, English and Americans and French, and all the languages are used, most of them at the same time. * * * Tobacco is the scarcest thing in Serbia."

Dr. J. Dawson Reeder announces the removal of his offices from the Professional Building, 330 North Charles street, to the Walbert, 1800 North Charles street. He will be associated with Dr. Underhill. Office hours daily from 9:30 to 11:30 A. M.

We are in receipt of the following letter from the *Marion Star*, Marion, S. C., which shows the high esteem in which Dr. Rupert Blue's home town holds him:

"Marion, S. C., July 22, 1915.

"The Hospital Bulletin,

"University of Maryland,

"Baltimore, Md.:

"Gentlemen—This is the home of Rupert Blue, the subject of your sketch on page 80 of your issue of July 15. Naturally we are interested in him.

"We write to ask if we may have the use of the cut you used on page 81 of the issue mentioned, as we would like to reproduce the article (crediting the same to you) and the photo in our paper at an early date.

"This little city is proud of the famous "Blue Boys," as they are known here, and we trust that you will aid us in this little boost with the home folks for Surgeon-General Blue, who is better known here as 'Pert.'

"Thanking you for your early reply, we are,

"Very truly,

"THE MARION STAR.

"P. W. Johnson, Ed. and Mgr."

The article above referred to was reprinted in the *Marion Star*, Wednesday, July 28, 1915,

marked copy of which was sent to this office. The editor of the paper had added the following paragraph:

"Dr. Blue is the only South Carolinian who has ever held this office. He is also the youngest president the American Medical Association has ever had, as few doctors under 60 years ever aspire to the position."

In addition to the many compliments that have lately been heaped upon the head of "our" famous Surgeon-General Blue, we have just learned that the trustees of the American Medicine Gold Medal Award have unanimously selected him as the American physician who has done most for humanity in the domain of medicine during 1914. The gold medal for that year has been awarded him for his work in national health and sanitation, and again we laud him.

The announcement reads as follows:

"The trustees of the American Medicine Gold Medal Award respectfully announce that the medal for Nineteen Hundred and Fifteen has been conferred upon Dr. Rupert Blue, Surgeon-General U. S. Public Health Service, as the American physician who in their judgment has performed the most conspicuous and noteworthy service in the domain of medicine and surgery during the past year.

"WILLIAM J. ROBINSON,

"H. EDWIN LEWIS,

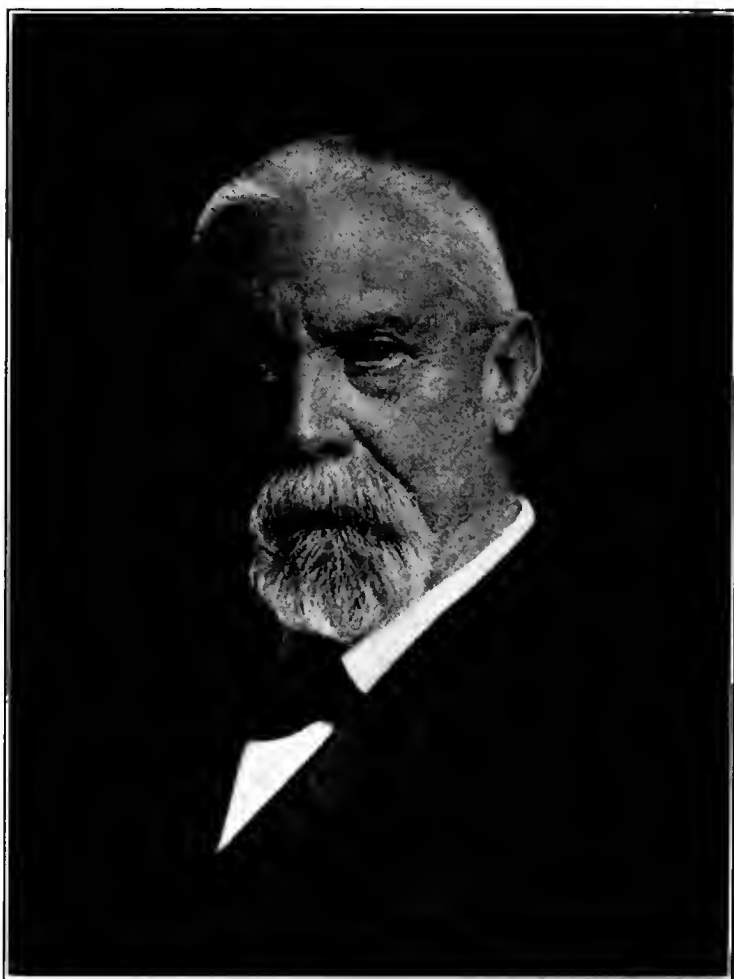
"JOHN W. WAINWRIGHT,

"Trustees."

Dr. Asa Thurston, class of 1909, is located at Taylorsville, N. C. He writes us under date of September 14, saying: "Find enclosed check for \$1 for subscription to THE HOSPITAL BULLETIN, beginning with the current number."

Dr. B. Merrill Hopkinson, class of 1885, professor of oral hygiene in the dental department of the University of Maryland, delivered the introductory address for the session of 1915-16 to the students of the several classes of the dental department Monday, October 4, at 10 A. M.

Instruction was begun Friday, October 1, in the newly-formed medical department of the University of Maryland—one section of the students studying at the College of Physicians and



NATHANIEL GARLAND KEIRLE, A.M., M.D., Sc.D., LL.D.

Surgeons, at Calvert and Saratoga streets, and the other at the medical school of the University Building, at Greene and Lombard streets.

More than 200 students were enrolled. By the time the registration books close the enrollment in the medical department is expected to total 400.

The formal opening exercises were held Wednesday night, October 6, in chemical hall of the university. The speakers included Dr. Randolph Winslow, of the University of Maryland Medical School; Dr. Harry Friedenwald, of the College of Physicians and Surgeons, and Dr. Ridgely B. Warfield, of the old Baltimore Medical College.

Miss Alice Frances Bell, University Hospital Training School for Nurses, class of 1907, who since September 1, 1912, has been superintendent and head nurse of the Emergency Hospital, Annapolis, Md., has tendered her resignation. Miss Bell has gone to New York to take a special course at Columbia University, in the department of which Miss Nutting, a famous nurse and noted woman, one time head of the nurses at Johns Hopkins Hospital, Baltimore, is chief.

During her several years' stay in Annapolis Miss Bell made many friends, who were very loath to part with her. The splendid work she has accomplished at the Emergency Hospital is a lasting monument to her executive ability, strength of character, efficiency and capability as a hospital superintendent. She carries with her in her new work our best wishes.

Miss Bell succeeded Miss Rosamond Minnis, also of the class of 1907, as superintendent of the Emergency Hospital.

Prof. James M. H. Rowland has been made a member of the Faculty of Physic, vice Prof. David Streett, deceased. We believe this is a most judicious selection. Dr. Rowland is an energetic, forceful man, and will be a strong man in the faculty.

MARRIAGES

Dr. Nathaniel Garland Keirle, class of 1858, America's pioneer disciple of Pasteur, and for many years post-mortem physician of Baltimore, Md., was married to Miss Pattie E. McCoy, also

of Baltimore, at Baltimore, August 24, 1915. Dr. Keirle's marriage to Miss McCoy is the culmination of a romance which began several years ago, when both were neighbors, and came as a surprise to his many friends.

Dr. Keirle is head of the Pasteur department of Mercy Hospital and instructor of medical jurisprudence at the University of Maryland. He is recognized by laity and profession alike as one of the foremost living authorities on hydrophobia.

He was born in the city of Baltimore, October 10, 1833, and is the son of the late Matthew M. Keirle of Baltimore, and of Sarah Jacobs Garland of Danvers, Mass. On both sides of his family he is descended from distinguished colonial stock. As both of his parents died before he was seven, he was reared by his paternal grandmother. His early education was obtained at private schools, St. Mary's Seminary, Public School No. 6 and the Baltimore City College. He then entered Dickinson College, passing through both the preparatory school and collegiate department, and, in 1855, rating number two in his class, he was granted the degree of Bachelor of Arts by that college.

After the completion of his college course he returned to Baltimore, determined to enter upon the reading of law, but was discouraged by a prominent lawyer on account of his age—22 years. He then turned to medicine, and entered the medical department of the University of Maryland, from which he was graduated with the class of 1858, Drs. Samuel C. Chew and Edward F. Milholland, both of Baltimore, being classmates. While attending lectures at the university he was an office student of the late Dr. Geo. W. Miltenberger, class of 1840, and for years professor of obstetrics in the University of Maryland. In conformity with usage, the regents of the University of Maryland, desiring to place upon their honor roll the names of certain distinguished men, caused a mandate to be issued, directing that at their centennial celebration (1907), as a personal token of admiration of his investigations in science, especially in studies and investigations in hydrophobia, the degree of Doctor of Science be conferred upon Dr. Keirle. On presenting Dr. Keirle, Prof. Randolph Winslow said: "I have the honor to present one whom the regents have deemed worthy of special distinction, and whose name is mentioned in their mandate—Dr. Nathaniel Garland Keirle of Baltimore—and request

that the honorary degree of Doctor of Science be conferred upon him.

"Dr. Keirle graduated from the medical department of this University in 1858, and has passed his life in this city in the pursuit of his profession. He has held a professorial chair in the College of Physicians and Surgeons for many years, but it is as the director of the Pasteur Institute of this city that he has attained his greatest usefulness and achieved his highest reputation. By his successful treatment of those bitten by rabid animals he has proved himself a veritable bulwark of this and neighboring communities against that dread disease, rabies, and I therefore take great pleasure in presenting him for the degree of Doctor of Science."

This was no barren honor, but an honor won by hard, faithful and conscientious researches in the investigation and treatment of those liable to develop rabies.

On October 10, 1913, Dr. Keirle, chief of the Pasteur Institute of Baltimore and city post-mortem physician, celebrated his eightieth birthday as the guest of honor at the University Club at a dinner tendered him by his colleagues at the College of Physicians and Surgeons as an expression of appreciation of his worth. It is the privilege of but few men in any walk of life to be permitted to serve mankind over such an extended period as Dr. Keirle. With mental faculties undimmed by the ravages of time, and with a sound body, Dr. Keirle still exhibits those qualities which enabled him to reach the top rung of professional success. Owing to his great dislike for publicity, Dr. Keirle's great service, not only to the profession, but also the community at large, has not been fully appreciated. Adulation is distasteful to this simple-living American scientist. His satisfaction comes from a full realization of a work well done; no other approval does he desire. Nevertheless, the profession of Maryland has and does take a personal interest in the continued health, happiness and prosperity of this grand old man, and through the pages of THE HOSPITAL BULLETIN extends to him its cordial best wishes for many years more of beneficent service to those bitten by rabid animals, and felicitates him upon the completion of 57 years of service devoted to the alleviation of pain, distress and sickness.

Dr. Eugene Bascom Wright, class of 1909, formerly of 1017 Cathedral street, this city, to Miss Elsie Everett Daub, of Baltimore, formerly of Wheeling, W. Va., at Philadelphia September 11, 1915. Dr. Wright was resident physician at the Church Home and Infirmary for three years, and resident surgeon at the Hebrew Hospital.

Dr. J. Holmes Smith, Jr., U.S.P.H.S., formerly of 37 West Preston street, this city, to Miss Mildred Clara Oliver, of New Orleans, La., at New Orleans, September 22, 1915. Dr. Smith was formerly associated with the anatomical department of the University of Maryland.

Dr. Edward Lingen Bowlus, class of 1906, of Middletown, Md., to Miss Georgia Martin Potter, of Baltimore, Md., at Baltimore, October 6, 1915. Dr. and Mrs. Bowlus will reside in Middletown.

DEATHS

Dr. William Dudley James, class of 1881, a practitioner of East Brady, Pa., died at the Kittinging (Pa.) Hospital August 14, 1915, from cirrhosis of the liver, aged 55 years.

Dr. C. Franklin Mohr, P. and S., class of 1891, of 582 Elwood avenue, Providence, R. I., was shot and killed while out automobiling August 31, 1915.

Dr. Luther H. Keller, P. and S., class of 1875, of Hagerstown, Md., was found dead in a chair on the porch at the Washington County Hospital September 30, 1915, aged 75 years.

After practicing 20 years in Luray, Va., Dr. Keller removed to Hagerstown. He was formerly president of the Washington County Confederate Memorial Association, Cumberland Valley Medical Association and Washington County Medical Association, and a member of the Maryland Medical and Chirurgical Faculty and American Medical Association. He was born at Strasburg, Va. Surviving him are his widow, daughter, Mrs. D. D. Strite, York, and brother, the Rev. Charles Keller, Monessen, Pa.

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THE ERRORS OF THE SINGLE TEST-MEAL METHOD, AND THE ADVANTAGES OF FRACTIONAL GASTRIC ANALYSIS.

By ALBERT HYNSON CARROLL, M.D.

(*Department of Gastroenterology, University of Maryland.*)

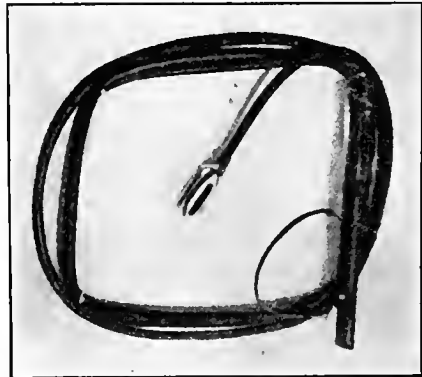
Someone has said that all physicians may be divided into three classes regarding their attitude towards laboratory work in diagnosis—optimists, pessimists and the normal man. The optimists rely too much upon the laboratory, either from lack of experience or because they specialize in this field. The pessimists are disappointed optimists, while the normal man has usually passed through these two stages.

Since this paper will call attention to the shortcomings of one laboratory method which has been keenly disappointing to many, it may be instructive to some pessimists and afford a new viewpoint to the optimists as well. The method in question is the "single test-meal examination." Its limitations will be pointed out and the reasons for its ill-repute demonstrated. Later the newer method of gastric analysis, now known as "fractional gastric analysis," will be reviewed and its advantages illustrated.

Perhaps in no other field than that of gastroenterology have so many special methods been devised as an aid to accurate diagnosis. The X-ray, the string test, gastroscopy, esophagoscopy, sigmoidoscopy, examinations of the blood, urine and feces may serve as illustrations of those methods which belong to the laboratory and the specialist,

while the investigation of the gastric contents after a test-meal has always been regarded as absolutely essential.

The gastroenterologist has come to embrace almost the entire abdomen in his studies, because, with the development of his specialty, it has become more and more evident that pathological conditions existing in almost any part of it may manifest themselves either directly or reflexly in a symptomatology which is reflected chiefly in



THE REHFUSS TUBE FOR FRACTIONAL GASTRIC ANALYSIS.
(After Rehfuß.)

disturbed gastric functioning. His patients come to him with a chain of symptoms which have been found to fit such a diversity of fundamental pathological conditions that to make an accurate diagnosis from the symptoms alone is, as a rule, entirely out of the question. Without the aid of special methods we would have progressed but little since days of our grandfathers.

He has not lost sight of the value of the role played by the study of the objective and subjective symptoms, but at present his success de-

pend in no small way in being able to discover many conditions which are embraced in the fields of other specialists. To do this it is necessary that he be familiar with practically all of the special methods and laboratory aids, and he must be able to ascribe a proper value to the information received from all sources. In this lies some danger of his becoming a laboratory optimist. But it is not the gastroenterologist who has brought certain laboratory methods into ill-repute with some and under grave suspicion with others. It is the man who, when unable to diagnose his case, has come as a last resource to the laboratory, and has demanded that the X-ray alone, or the test-meal, or the blood, urine and feces examinations tell the tale for him. This person usually grasps at some isolated straw of positive or negative information and scurries away to construct a diagnosis around it. No wonder that failure is so often the result, and the rankest kind of pessimism follows him to his grave.

When the symptomatology—which must always play a most important role—and laboratory methods also have not enabled the physician to discover any definite lesion, it was not uncommon in the past to hear almost constantly of “this or that neurosis,” but, although there are definite unqualified neuroses, we hear less and less of them as time passes. More accurate diagnostic methods have enabled us to recognize and locate more actual lesions, with the result that the “neuroses” from a rapidly-diminishing shield for the poorly-informed, the ignorant ones and the quacks to hide behind.

With a mild excuse for these generalities, we will approach the review of the subject of test-meals and the recent development of the older method, which has given us “fractional gastric analysis.”

It may be well to first call attention to the guiding axiom of the gastroenterologist in making use of test-meals as an aid to diagnosis. That is, *that a definite stimulus produces practically always a constant response under similar conditions, and also that anatomic changes result almost always, although not invariably, in a change of function. He has appreciated that if the gastric response did not in a way reflect the condition of this organ, it would be the first organ which did not follow known physiologic laws.*¹ There is but one way open to us for studying the functioning

of the stomach, and this is by investigating chemically, microscopically and micro-chemically the gastric contents after the ingestion of test-meals. We all appreciate that these studies of “one-hour specimens” have some value, otherwise the test-meal method would have been cast upon the experimental rubbish heap years ago. The merit, however, is small, for, although founded upon scientific principles, the technique is not scientifically or accurately executed. We now know that it is an incomplete method and overflowing with errors.

The “free HCl” and the “total acid” content of the single meal has always attracted the intense interest of the investigator. He has appreciated that the acid content is a fair index to the enzymic properties of the gastric juice. Again, he has come to definitely associate certain conditions with certain percentages of acid. This, no doubt, is due to the way certain claims and pure myths have of becoming fixed in the mind at an early stage and grow to larger dimensions as time goes on. Even now it is not at all uncommon to come across persons who are quite surprised that a hyperchlorhydria does not as a rule spell “ulcer,” and that an anacid condition does not almost invariably point to “cancer.” These are the views of the extreme optimists who have had but a limited experience. It were better for their patients were these ardent pessimists.

However, the normal man has kept it properly balanced in his mind that there is some relationship between irritation, be it from ulcer or otherwise, and an excess of hydrochloric acid, and likewise that there is an absence of or lessened HCl content in many cases of gastric cancer. These are the workers who have attempted to gather from their statistics just what relationship does exist, and to tabulate this information, so that it may serve as a diagnostic guide.

It has been a matter of surprise and disappointment to discover that the findings of the “acid content” from a number of the largest clinics not only do not agree, but differ widely in the tabulated results. This observation is directly opposite to what is anticipated if the physiologic law relating to the response to definite stimuli in various other organs holds good for the stomach also.

The question arises, is it the law which is at fault, or has our method and its interpretation been erroneous? The answer follows:

¹Matrin E. Rehfuess: *Jour. A. M. A.*, Feb. 13, 1915. Gastrointestinal Studies.

It has been already stated that the method was founded upon proper scientific principles, but that it was faulty and full of possible errors. We may now review a number of these, in order to better appreciate the newer method of investigation when we arrive at the discussion of it.

First—It has long been known, from experimentation on man and animals, that in normal persons the height of digestion occurred at about one hour after the ingestion of a test-meal. It was then that the HCl was present in the largest amount.

Second—It was also known that digestion—that is, the secretion or formation of the digestive ferments—began soon after ingestion of food, increased up to a certain point and gradually declined.

Third—Although the acid content was considered of great moment, *we did not concern ourselves as to when it had reached its acme in pathological cases*, but rested content to discover what it happened to be at the *one-hour period*. Whether this acme arrived before or later than the time of aspiration was of no great concern. The case was called one of hyper or hypochlorhydria, according to the acid content at this one period.

Fourth—Blood and bile also were matters of importance to us, yet bleeding may have taken place after the test was drawn. The report would then have been "no blood." The same holds good for bile. Of what value could a report of the free HCl content be if bile was also present, and naturally, with its entrance into the stomach, the entrance also of neutralizing alkaline duodenal secretions?

Fifth—We used a tube which was large, caused retching, with good chances of the return of duodenal content to contaminate the specimen, and opportunities for trauma, with resulting bleeding.

These are some of the more frequently-encountered sources of error. Is there any but small wonder that the results did not agree from the various clinics, and that conclusions based upon such elemental findings as the free and combined acids, arrived at with a method which was so full of pitfalls, have been so universally confusing?

All of these things were known or suspicioned, and yet we clung to the single test-meal method as the only means at our disposal for the study

of the functional capacities of the stomach. As yet there had been no better procedure pointed out. But now that we have a technique which will surmount these difficulties, let me urge that its merits be fully appreciated, and that it be given its due place among the really valuable diagnostic methods. Many definite conclusions can be drawn from its general employment in all conditions where there is reason to think we are dealing with altered gastric functioning. It will not only aid in arriving at a diagnosis, oftentimes obscure, but it will furnish us a very valuable index regarding the palliative treatments where pain and discomfort are immediately due to altered secretions.

THE METHOD AND TECHNIQUE OF FRACTIONAL GASTRIC ANALYSIS.

The method depends upon the examination of specimens of a test-meal which have been aspirated at definite and frequent intervals after the ingestion of the meal throughout the entire period of digestion. Upon examination of these specimens a curve is plotted, which represents graphically the functional and enzymic capacities of the stomach during a digestive cycle. The apparatus used is a slender rubber tube, to which is attached a small olive-shaped but heavy metal tip or bulb. This tip is slotted longitudinally, and is a modification by Rehfuess of the well-known duodenal tip devised by Einhorn for duodenal intubation. The large slots allow of aspiration of well-masticated food particles, which pass readily up into the glass aspirating syringe when a moderate negative pressure is created.

The tip or bulb is placed well back on the tongue, and is readily swallowed, and may be retained for hours in the stomach without any real discomfort being experienced by the patient. It may be allowed to enter the duodenum through the pyloric opening to secure duodenal contents at any time for examination. Through it any part or all of the ingested test-meal can be recovered at the will of the operator.

TECHNIQUE.

The patient is given a dish of rice 10 hours before the examination is to be made. The next morning the tube is introduced and the contents of the fasting stomach withdrawn. Starch granules may be discovered macroscopically or microscopically by the addition of a few drops of iodine. The specimen should be examined for free HCl,

total acid, color, bile, blood, yeast cells, bacteria and amount.

The patient may now be given a glass of water (about 10 ounces) to drink and specimens drawn every 5 minutes until three have been secured, and then at 10 or 15-minute intervals until the stomach is empty. Examinations of these will furnish percentages for the construction of the curve.

The tube may now be withdrawn and a test-meal of one small slice of toast and 10 ounces of tea given. The tube is again introduced and the aspiration of small samples carried out as in the "water test-meal," and a second curve plotted.

The whole procedure outlined above will usually occupy about five hours. The work is tedious, and there are minor details of technique which must be accomplished through practice, but there is nothing difficult about it. The curve obtained is a graphic representation of what has transpired functionally, and is well worth the time and trouble expended.

Dr. Rehfuess, working with Bergeim and Hawk, experimented upon a large number of perfectly well persons, and discovered that there are three great types of curves. Curves which differ from these indicate pathological conditions. He has differentiated and described them as follows: The "isosecretory," the "hypersecretory" and the "hyposecretory."

These curves present as graphic a picture of the enzymic functioning of the stomach as is the picture of the "mechanics" of the stomach and cap when demonstrated by the X-ray cinematographic photographs of the bismuth-laden stomach (a method developed by Lewis Gregory Cole).

TYPES OF CURVES.

First—The "isosecretory" type, which shows a steady rise, with a high point of 60 degrees, in terms of 1/10 normal sodium hydroxide. It is usually sustained for from one-half to one hour, and then begins a gradual decline, with a total disappearance of the food residue in two to two and one-half hours. Its high point or acme is usually rounded. The curve is not broken.

Second Type—This is the "hypersecretory" type, and shows a rapid response to stimuli, with a rapid change in acidity even in 5-minute samples. The high point is 70 to 100 degrees or over, either sustained or abrupt, and a slow decline, or none at all, in the usual time.

The third type, or hyposecretory type, is similar to the first, but there is usually a slower ascent, slower response to stimuli and a high point of 40 to 50. Digestion is usually completed in two to two and one-half hours.

While there is a wide variation in the acidity exhibited in these types, it is noted that there is little variation in motor power or tone.

It is the establishment of a type which is the important thing. Deviations bespeak pathological conditions. The deviation may be in one of four ways, or in several:

1. In the period of ascension. This usually occupies the first 30 minutes, and indicates the response to stimuli.
2. Alteration in the character and height of the high point or acme. This may be (a) accelerated, (b) retarded, or (c) abrupt, and (d) sustained.
3. The period of descent or decline, and
4. The character and modification of the food residues.²

The unreliability of the "one-hour meal" may be better comprehended if a study is made of the possibilities of the variations which may occur. It is seen from these that the "acme" may precede or follow the one-hour period, and yet the specimen drawn at this time shows what is now known to be normal free HCl content. And again that the HCl may have been normal for the maximum at each period before the hour, but may remain a continued secretion of the same degree of acidity, or continue to rise afterwards. It is essential that all these possibilities are appreciated before a real conception of the various curves of gastric cycles can be had.

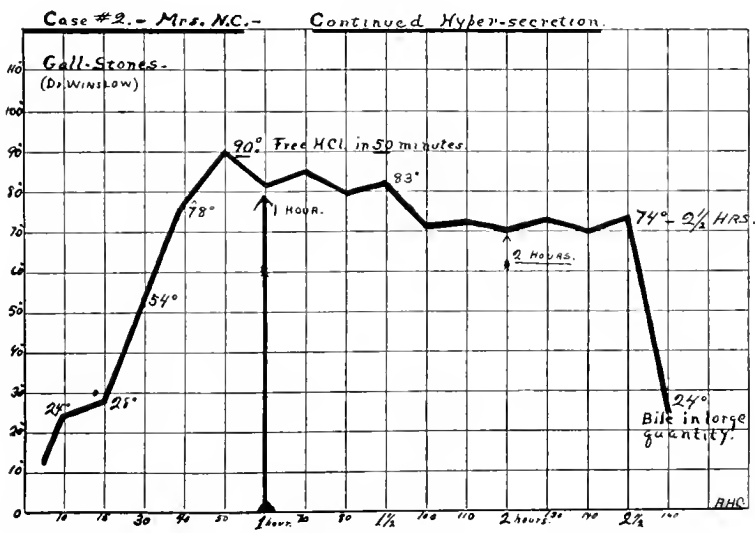
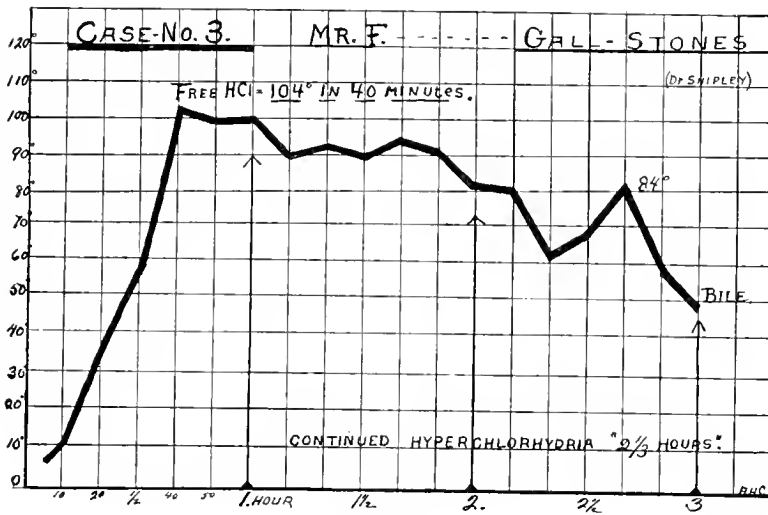
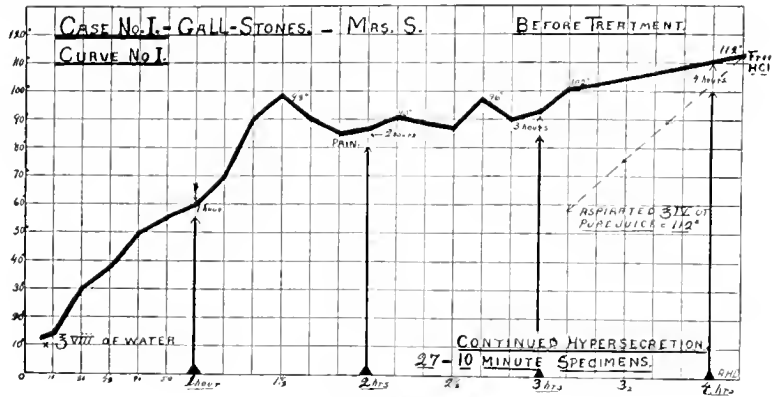
Fractional gastric analysis will not solve all the problems, or answer all the questions demanded of it, but with it we may secure a concise and accurate picture of exactly what transpires functionally during digestion in our patients.

Some very interesting curves have been secured, and the diagnosis of the cases confirmed in a number of instances at operation.³

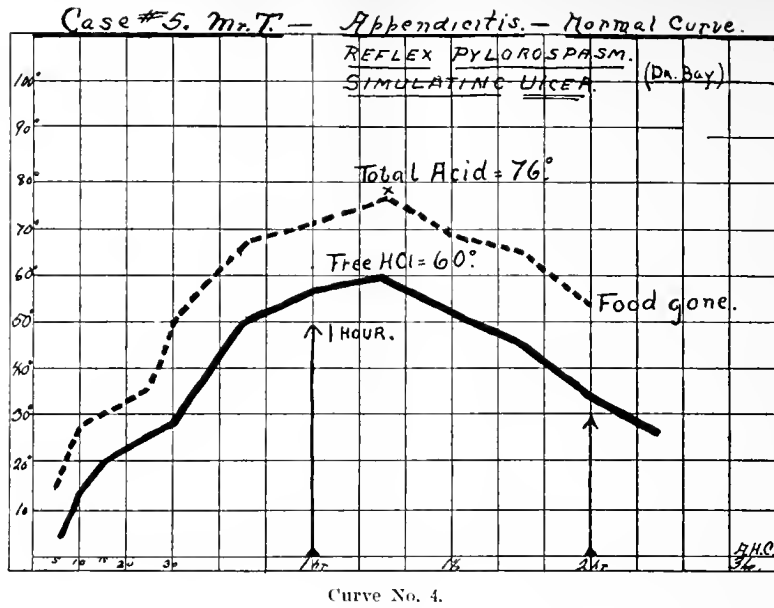
In three "gallstone" cases there was a continued

²I have taken the liberty of borrowing the above descriptions directly from Rehfuess' published work, and have incorporated many other thoughts and expressions also in this digest.

³Fractional Gastric Analysis and Gall-Stone Disease: Medical and Chirurgical Faculty, annual meeting, April, 1915.



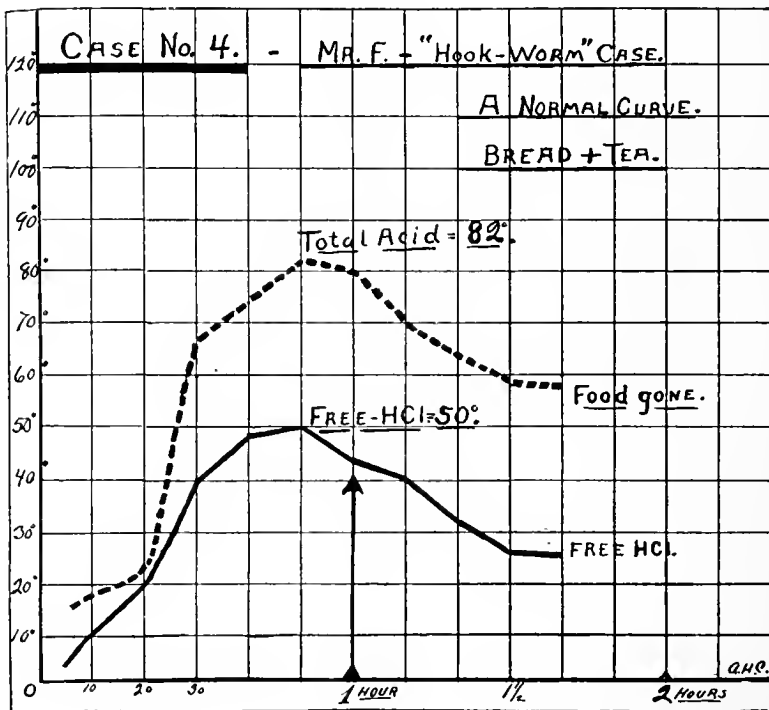
CURVES DEMONSTRATING CONTINUED HYPERSECRETION.



hypersection, No. 1, No. 2 and No. 3 in one of chronic post-cecal appendix, No. 4 the curve was perfectly normal, although the X-ray pictures demonstrated a spasm which appeared to be a permanent stenosis of the pylorus. The symptoms in this case also were those of obstruction at the pylorus, and simulated cancer. Another was a case of hookworm. Here the curve was again normal. No. 5.

The method is somewhat tedious, requires a large amount of time, but offers no difficulties which cannot be readily overcome with practice.

The time consumed is the only objection which can be raised against it. It has already been stated that the technique, although tedious, is not difficult to acquire. By "grouping" the cases to be examined, and with one assistant, the work is much lightened. Like all other laboratory pro-



cedures, blood examinations, for instance, one "grows rusty" unless kept in constant practice. Spasmodic efforts by those untrained will result in failure and disappointment.

It has been discovered from its application to normal cases, by the originator, *that an acid content of free HCl of 90 degrees in terms of decinormal NaOH is not unusual.* That we have been calling cases hyperchlorhydria, which did not belong in that class. Also it is *interesting to learn that plain water will cause as vigorous a flow of gastric juice, and present as high an acidity as will a meal of pure beef juice,* when introduced through the tube. It is now known that "achylia gastrica" and the absence of HCl in the stomach is a much rarer condition than was formerly supposed. Usually there is HCl to be found, but frequently it is a question of "delayed secretion," and the acid does not appear until after the usual "one-hour single test meal" had been drawn.

If there was nothing else accomplished by the introduction of the fractional method than to teach us the normal, it would have filled a most useful purpose. What it holds in store is as yet not fully determined. There appears to me to have been no other method which is so full of promise to the gastroenterologist which has been introduced since the X-ray method of diagnosis. The two must go hand in hand. One gives us some conception of the mechanical factors, while the other furnishes a definite picture of the enzymic functioning in normal and pathological gastric conditions.

The method has been introduced by me into the University of Maryland gastroenterological clinic, and the technique of Rehfuess followed. A report of some interesting results appears in the August issue of the *Maryland Medical Journal*.

Dr. C. Hampson Jones, Professor of Hygiene and Public Health, for 20 years Assistant Health Commissioner of Baltimore City, has been appointed chief of the bureau of communicable diseases in the State Health Department, to take effect from November 1. Dr. Jones is regarded as one of the ablest health officers in the country, being an expert in the work.

SURGICAL EXPERIMENTATION UPON ANIMALS.*

By LOUIS W. KOHN, M. D., Scranton, Pa.,
Class of 1910.

By animal surgery only can we ever hope to eliminate experimental human surgery. There is no knowledge more useful to the physician and surgeon than knowledge of himself. By means of it he can promote the future welfare of his entire organism. Now, if such be the case concerning himself, why cannot this knowledge similarly influence the lives and bodies of his patients, and even further than that, of the entire human race. Years of patient study and investigation on the part of scientific explorers have revealed wonders which have revolutionized and benefited both medicine and surgery. These workers in scientific research have clearly demonstrated that human beings are animals, and have even gone further by proving the kinship of all animals. It is, therefore, very evident that by advancing our knowledge of the lower animals we learn more of ourselves, a fact we need not be ashamed of. Something that has a bearing on man can always be learned from every living thing.

Animal experimentation has built up the science known as biology, which treats of living beings, and embraces all those branches upon which our profession is founded, viz., anatomy, physiology, histology, embryology, chemistry and physics. By study and investigation of these various branches we have become acquainted with the existence of morbid processes which affect the animal world. Then, of course, further animal experimentation had to be resorted to in order to effect a cure of these diseased conditions. One of the methods of accomplishing this is the mechanical art known as surgery.

We all have heard of the wonderful advances made in the various departments of the sciences. Alexis Carrel, of the Rockefeller Institute, and others have done very notable work upon animals, the results of which have gained for them signal distinction and honor. Physiologists have carried out experiments upon animals, which have brought them fame, and pathologists and bacteriologists have become so impressed with the importance of this work that it has become indis-

*Reprinted from the *International Journal of Surgery*, August, 1915.

pensable in their researches. Of course, I do not intend to delve into all the branches in which animal experimentation may be an invaluable aid in promoting scientific progress. I refer only to that part of the subject with which I have been rather closely connected, and it is, therefore, only from the surgical aspect that I can relate some experiences.

It is a well-known fact that the lower animal and the human being are afflicted with the same surgical ailments. The same vital processes in their various phases have been shown to exist in the tissues of all animals during disease as well as during the stage of repair or healing. Therefore, it would appear but natural that surgical procedures, whenever possible, should be carried out first upon the lower animal rather than upon the human being. This close relationship between the two imposes such an obligation upon all beginning the practice of surgery.

We cannot appreciate the value of experimental surgery upon animals until we have discontinued such work upon animals for a long time, or when suddenly called upon to perform some delicate operation that does not present itself daily. By this work we could have perfected ourselves for undertaking any kind of surgery at any time. With all the objections to vivisection given an unbiased hearing, if you were to cite only one death of a human being due to a lack of experience on the part of the surgeon, which experience could have been acquired by animal experimentation, any judge would render a verdict in favor of vivisection. The surgical experience acquired by work upon animals undoubtedly stimulates acumen and dexterity and inspires self-confidence.

According to the assertions of experienced surgeons, an operation upon a human being is ordinarily much more simple than upon an animal, such as a dog, because of the greater space afforded for manipulations. The technic in detail, however, is practically a repetition of the experimental work as performed upon animals. The main responsibility that burdens the surgeon is in operating upon a human being, and by consistent work upon animals, confidence comes to the front and vanquishes any temerity or nervousness that may have been occasioned by such responsibility.

Through this work we have improved our surgical procedures upon the brain, nervous system, vascular system, etc. We have even gone further

and accomplished transplantation of bone and of various organs. In fact, nearly all surgery owes its origin to early animal experimentation. Of course, many morbid conditions found in earlier days during exploratory operations upon the abdomen, such as appendicitis, ulcers of the stomach, peritonitis, typhoid perforation and gall-bladder disease, have required more or less experimental intervention on the part of the surgeon. But of late years animal surgery has aided even here in the perfection of the operative technic.

Such work upon animals has been conducted for the past two years by Dr. A. H. Bernstein, myself and others, and it has given us a great deal of satisfaction. We have been convinced that too many young men having surgical ambitions, but no especial aptitude or experience, thrust themselves forward as surgeons without ever having attempted to practice upon animals for their preliminary knowledge, and without ever having distinguished between the values of human and lower animal life. There are altogether too many human sacrifices made at the beginning of his career by the would-be surgeon, and these may have been avoided by previous operative practice on animals.

We will now take up the various pre-requisites for this work. First of all it is necessary to have a room wherein the animals are to be confined, and also a kennel or recuperating room to which they can be transferred immediately after operation. The floor of this kennel is so arranged as to allow its being moved upon rollers. By this arrangement it can be removed, the animal placed thereon, and returned to its former position into the kennel. There the dog remains until it recuperates sufficiently to allow dismissal into the open room with the others.

An operating table is, of course, required. There are various kinds in use; the one we employ, kindly loaned to us by a Scranton veterinary surgeon, has every good feature, and closely resembles the latest model operating tables in our hospitals, although on a smaller scale. It can be raised or lowered at either end, or revolved, as the exigencies may demand. Its top is concave and covered with zinc, and has steel hooks at the sides, to which the dog's extremities can be fastened, straps made from hemp rope or heavy tape being used for this purpose. A strap is also tied around the dog's jaws for safety from biting.

However, before attempting any work upon these animals, we aim toward a complete abolishment of the reflexes and complete loss of sensibility. This is accomplished by first (about two hours before operation) giving the animal a hypodermic injection of morphin sulphate, four grains to a dog of average size. With a very small animal two or three grains only may be necessary. Just before the operative procedure chloroform is administered by the drop method, care being taken that the animal is well anesthetized before starting. Of course, the site of operation is given the necessary aseptic and antiseptic preparation.

We have accomplished some rather difficult surgery during our recent service at the State Hospital of Scranton. The mortality in our surgical work in the past has been greatly reduced since resorting to animal experimentation, to which we feel constrained to credit our improved statistics.

We have often undertaken upon these animals such procedures as intestinal anastomosis, resection of bowel, gastroenterostomies, partial gastrectomies, colonic fixation, splenectomies, removal of gall-bladder, nephrectomies, partial and complete thyroidectomies, etc. These various operations have been performed repeatedly upon dogs, which were watched and taken care of until complete recovery had taken place. Frequently we have performed several operations upon the same animal.

You all well know the methods and technic employed in these various operations, and I deem it unnecessary to burden you with a description in this paper. I can assure you, however, that frequent operative work upon animals is bound to make a master of the operator, and will enable him to undertake his work upon the human body with such skill, deftness, courage and assurance as would otherwise be acquired only by a vast practical experience. Such has been our practice during the past two years, and we attribute a great deal of our success at the State Hospital (with a mortality less than three per cent. in a variety of dangerous and serious cases) to the continued experimental surgery upon dogs.

Hoping that I have impressed upon you all the importance of surgical experimentation upon animals and its relation to surgery upon the human being, I thank you for your kind attention.

MERGER OF THE MEDICAL SOCIETIES.

It naturally would follow that the medical societies of the University of Maryland and the College of Physicians and Surgeons should merge, following the uniting of these two schools of medicine—and this has already been accomplished. Hereafter there will be but one medical society, that of the "Medical Society of the University of Maryland and the College of Physicians and Surgeons." Meetings will be held on the third Tuesday of each month, and the places of meeting will rotate. The November meeting will be held in Chemical Hall, University of Maryland; in December in the Amphitheater at the College of Physicians and Surgeons; and in January at the Baltimore Medical College.

In this and other ways the interest of all our alumni should be increased and the meetings continue to be of great value to the profession. Although the policy will be to offer ample opportunity to members of the profession in Baltimore to bring before the society papers of unusual interest, distinguished men from remote places will be invited to participate from time to time.

The holding of the meetings at the three above-mentioned places will allow of the presentation of interesting cases from the clinics of the various hospitals.

The following officers have been elected for 1915-1916: Chairman, Dr. Albert Hynson Carroll; vice-chairman, Dr. Elmer B. Freeman; secretary, Dr. Alexius McGlannon.

Dr. Ejnar Hansen, class of 1904, who is located at 221 West Fifty-seventh street, New York City, writes as follows:

"Oct. 23, 1915.

"Dear Dr. Winslow:

"Inclosed my subscription for the next year. It is always a pleasure to look over THE BULLETIN and get the news from the old Alma Mater. New names come in all the time, but there are always some of the old ones that bring back lots of memories. I want to come down soon and look the old place over again, but am afraid there are so many new changes that it will be impossible to recognize it again.

"My best regards to you and all old friends.
Sincerely yours, EJNAR HANSEN."

THE HOSPITAL BULLETIN

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, NOVEMBER 15, 1915.

LET US LIST YOU.

Knowledge that you have used your time and talents to the utmost is satisfying. Though others pass your efforts by without comment, there is no greater satisfaction in the world than the self-contentment arising from work well done. Yet everyone of us has a streak of vanity. Praise of our fellow-man is both sought and appreciated. This spirit of egoism is carried even to the grave, there being ever present throughout life the craving that those left deem our efforts during life sufficiently meritorious to warrant perpetuating our memory by some sort of a memorial. Having these facts in view, as well as realizing that the efforts of the lamented Prof. David Streett were of more than ordinary merit, some of his friends have initiated a campaign to raise funds for a David Street Memorial Scholarship. The subscription list is already open. Three thousand dollars are needed. Let us list you.

THE DAVID STREETT MEMORIAL SCHOLARSHIP.

We are pleased to announce that the movement to establish The David Streett Memorial Scholarship has met with a favorable reception, and that the following persons have subscribed to the fund:

Randolph Winslow.....	\$10
Thomas A. Ashby.....	10
Robert P. Bay.....	10
Arthur M. Shipley.....	15
James M. H. Rowland.....	25
Samuel K. Merrick.....	25
Ridgely B. Warfield.....	25

John Salles, New Bedford, Mass.....	5
J. D. Harnett, Winsted, Conn.....	10
J. H. Judkins, Northfield, Vt.....	10

\$145

CORRESPONDENCE

WESTWARD HO!

IV—FROM SAN FRANCISCO TO SAN DIEGO—THE SAN DIEGO FAIR—BACK TO LOS ANGELES— HOMEWARD BOUND.

We left San Francisco at 8 o'clock Sunday morning, June 27, en route for San Diego. The distance is about 600 miles and it is an all day and all night journey. It was a pleasant trip passing through the beautiful Santa Clara Valley, golden with the ripening grain, then across a mountain range to the coast at Santa Cruz, and down to charming Santa Barbara, reaching Los Angeles in the evening. Changing to the Santa Fé road, we took a sleeper and woke up in San Diego the next morning. San Diego is a beautiful city of 80,000 population, situated on a splendid land-locked bay of the same name. It is only a few miles from the Mexican border, and daily excursions are made to Tia Juana, even in these parlous times. Across the bay from San Diego is Coronado, where there is a United States naval station, at which were a number of destroyers and other war craft, while flying through the air or skimming over the placid surface of the bay aeroplanes or hydroaeroplanes added still other warlike features to the scene. Coronado Beach is a waterside resort at which the ordinary conventionalities of life are to a large extent omitted. The frequenters dwell in tents and dress chiefly in bathing suits, and apparently live the simple life. For those who prefer more formal, as well as more expensive, surroundings the magnificent Coronado Hotel offers unsurpassed facilities. The climate here is semi-tropical and hot, and, as but little rain falls, the country is arid; if water is brought to the land, it blossoms as the rose. This is exemplified by the exposition that is being held at San Diego at this time. The site of the Panama-California Exposition was a barren expanse of rocky desert only three years ago; now it is a beautiful park with trees and flowers and hillsides covered with dense foliage.

Orange and lemon groves, as well as other fruit trees, are to be seen in full fruitage; and one wonders how all this could have been brought about in such a short time. The exposition grounds occupy 615 acres, situated on an elevated plateau commanding a wonderful view of the bay and ocean in the distance. The buildings are not so garish as are those at the San Francisco fair, but are intended to exemplify the history and customs of early California, and are mostly of Spanish or Spanish-Mission architecture. It is a State rather than a national or international celebration, hence only a few of the Western States have buildings, and still fewer foreign ones. The various pavilions are built of concrete and are to remain as museums, art galleries and public halls. They are white in color, with towers and arcades, suggesting the Spanish and Moorish types of Spain. In the opinion of the writer, the San Diego Exposition, while not so large and elaborate as that of San Francisco, is prettier and more pleasing. I would gladly have spent a longer time here, but time pressed and we hurried back to Los Angeles. Los Angeles is the largest city in California and is growing at a rapid rate. It is a very busy and up-to-date place, and is a delightful place to visit. From here excursions can be made in many directions by trolley or machine to the seashore or mountains, or through the beautiful environs. San Gabriel Mission, a short distance from the city, is one of the oldest and best preserved Spanish missions on the coast. It is still used as a place of worship, though it was built long before there was any settlement here. The actual work of building these missions was done by Indians, and we must admire the ability and religious zeal that enabled the monks to erect such substantial, as well as ornate, structures in the wilderness. A visit to the ostrich farm at Pasadena was interesting. Here there are a large number of these huge but ungainly birds, whose dispositions are said not to be any too good, and whose toes, armed with stout nails, can disembowel a person as neatly as a surgeon with a laparotomy knife. The ostrich is a monogamous bird, and when bereft of his mate remains a widower. Venice is a seaside resort near Los Angeles which is a small Coney Island in its characteristics. Almost every device known to man for relieving his fellow of his money can be found here, from guessing his weight to throwing at a target which, when

struck, caused an attractive-looking young girl, known as Sunbonnet Sue, to tip over in her seat and show garments that are not usually exhibited. A mile along the beach is San Monica, where is the home of Nat Goodwin, and where there is an attractive café pavilion on the pier owned by Nat Goodwin. We got an excellent supper here. Another trip was to the Universal City, where there is an extensive settlement and outfit for making moving picture plays. Actors and actresses were wandering around in costume and playing their parts in turn. On July 1 we turned our faces homeward. Leaving Los Angeles at 3 P. M. by the Southern Pacific Railroad, we passed through beautiful towns with the houses embowered in roses and vines and with well-kept lawns, and through orange and lemon groves. It was a veritable garden of the Lord. In two hours we were in an absolute desert, no vegetation, arid and desolate. The Imperial Valley is below sea level and is excessively hot; fortunately, we traversed it in the night and escaped its discomforts. We reached Tucson, Arizona, early the next morning, and spent the day there. This is a pretty town of possibly 25,000 population. The weather was fiery hot, but the air was dry and the heat was endurable. There is not much to be seen here, except a very creditable State university for a new State with a small population. A drive of 10 miles over the desert brought us to St. Francis Xavier Mission, said to be 384 years old, which is in charge of a few Catholic sisters who devote themselves to the temporal and spiritual uplift of the Indians, who live in squalid villages on the reservation near the mission. The Sisters were cheerful and seemed to enjoy their life and work thoroughly. One day in Tucson was enough, and we were glad to take the midnight train for El Paso, reaching that place at 8.30 the next morning. We spent the day at El Paso, which is a fine modern town on the Rio Grande opposite Juarez, Mexico, with which it is connected by an international bridge. We reached El Paso the day Huerta and Orozco were arrested. The city was thronged with Mexicans, who were mostly an evil-looking lot and who were evidently bent on mischief. We took the trolley to Juarez, which is a typical Mexican town, squalid and dilapidated looking. It was in charge of Villa, and one spoke with bated breath. The inhabitants were sinister looking and unsmiling, and, prudence appearing to be the better part of valor, we cut our visit

short and returned to a more genial clime. Fort Bliss is a large army post at El Paso, where Mr. Huerta is enjoying the hospitality of Uncle Sam free of cost. Sitting in the plaza or public square, I overheard United States soldiers discussing the Mexican situation and expressing the opinion that they would have to go into Mexico sooner or later, and that the sooner they did so the better they would like it. July 4 was Sunday, and we spent it en route for New Orleans, passing through a barren, desolate country which improved as we approached San Antonio. We spent two and one-half hours in San Antonio and visited the Alamo, where a small band of Texans held out against ten times their number of Mexicans for nearly a month until they were all killed or massacred. The population of San Antonio seemed to be very much mixed—negroes, Mexicans and whites. Another night on the train and we were at Houston. The country was no longer desert, but was well watered and with abundant vegetation. This was a region of rice fields, low, swampy lands and humid atmosphere. Crossing the Sabine River, we came into Louisiana and reached the Mississippi River late in the afternoon. The mighty river was crossed on a steamboat, and we reached New Orleans in time for supper. We were handsomely entertained by friends and were shown the various points of interest in and around the city. The weather was hot and humid and we suffered more than we did in Arizona. We therefore remained only 24 hours in New Orleans, and took the night train on July 6 for Baltimore via Chattanooga, and without further incident reached home at 9 o'clock, July 8. We had made a tour from the Atlantic to the Pacific and from the Great Lakes to the Gulf without accident or discomfort.

RANDOLPH WINSLOW.

ITEMS

Dr. William Culbert Lyon, class of 1907, Assistant Surgeon, U. S. N., who for the past two years has been stationed at Galveston, Tex., in charge of the new recruiting district of the United States Navy in Southeastern Texas, stopped off in Baltimore recently on his way to New York to visit his mother. He was the guest of Mr. Edgar A. Vey, and was warmly greeted by old friends.

Dr. Randolph Winslow, who has been attending the meeting of the Council of the American Medical Association, held in Chicago November 4 and 5, has returned to his home.

Dr. Robert B. Hill, class of 1915, one of the resident physicians at the University Hospital, who was operated on recently for appendicitis at the University Hospital, is up and about again.

Miss Mary E. Rolph, class of 1895, announces that she is now engaged in hourly nursing. As formerly, she can be reached at the University of Maryland Nurses' Club, 21 N. Carey street, Baltimore. The BULLETIN is glad to hear that a University nurse has decided to take up this line of nursing, as it is a feature which has been heretofore neglected. We wish Miss Rolph much success.

Dr. David Silberman, class of 1912, desires to announce the opening of an office at 1729 Linden avenue. His practice is limited to gynecology and abdominal surgery. Telephone, Madison 85. Consultation by appointment.

The following letter was written by Dr. Cullen after receiving a copy of the October, 1915, issue of THE HOSPITAL BULLETIN, in our opinion the strongest number we have ever published:

"November 2, 1915.

"Dr. Nathan Winslow, Baltimore, Md.:

"My Dear Dr. Winslow—I appreciate very much your kindness in sending me THE HOSPITAL BULLETIN of the University of Maryland. It is certainly most attractively gotten up, and contains a great deal of interest.

"With kindest regards,

"Faithfully yours,

"(Signed) THOMAS S. CULLEN."

On October 28-29 practically all the negro insane—about 200—at Bay View Asylum were transferred to the Crownsville State Hospital, of which Dr. Robert P. Winterode, B. M. C., class of 1900, is superintendent.

Mrs. Margaret LeSeur, University Hospital Training School for Nurses, class of 1900, has accepted the position as supervisor of nurses at

the Kernan Hospital for Crippled Children, Hillsdale, Md.

Miss Olive B. Burns, University Hospital Training School for Nurses, class of 1904, and Miss Myrtle Selby, class of 1913, have been appointed nurses in the Public Health Work, tuberculosis department.

Miss Marion Forney, class of 1916, who was operated on recently for appendicitis, is making a speedy recovery.

Dr. J. Erwin Diehl, class of 1911, who has been connected with the Trenton State Hospital, Trenton, N. J., has severed his connections with the hospital and gone to New York City. He is located at 150 East Thirty-seventh street.

Dr. James J. Carroll, class of 1893, desires to announce the removal of his office from the Professional Building to 405 North Charles street. His practice is limited to eye, ear, nose and throat. Consultation hours, 9 A. M. to 1 P. M.

Dr. Harry Lyman Whittle, class of 1903, announces the opening of his office, laboratory and operating rooms for diagnosis, study and treatment of diseases of infancy and childhood at 5 East Mount Royal avenue. Consultation hours, 2 to 5 and by appointment. Telephone, Mt. Vernon 756.

Miss Ellen C. Israel, University Hospital Training School for Nurses, class of 1910, has resigned her position as assistant superintendent of the Emergency Hospital, Annapolis, Md., and will engage in private nursing. She is located at 1403 Madison avenue.

Miss Eva S. Chapline, University Hospital Training School for Nurses, class of 1909, who has been confined to the hospital with malaria, is much improved.

Major Roger Brooke, Jr., B. M. C., class of 1904, who has been on duty at the Letterman General Hospital at the Presidio of San Francisco, Cal., has been ordered to Fort Leavenworth, Kansas, where he now is.

The initial smoker of the season of the Delphi Chapter of the Chi Zeta Chi Fraternity of the University of Maryland was held Saturday evening, October 16, at the Fraternity House, 919 McCulloh street.

Health Commissioner John D. Blake, P. and S., class of 1875, and Dr. William Travis Howard, Jr., class of 1889, the new Assistant Commissioner of Health, made their first visit of inspection on October 22 to Sydenham, the municipal hospital for infectious diseases. They are acquainting themselves with the workings of all the divisions and sub-divisions of the department.

Mr. J. Bruce Arnold, Jr., a former student at the University of Maryland Medical School, who went to Serbia last summer to work in the Serbian Red Cross, has sent the following letter home:

"Losnitza, Sept. 16, 1915.

"Dear ———: At last I have arrived at my destination, this wonderful city. We had a two-day stay in Nish. We spent a week getting a supply of drugs and finding interpreters. We finally secured both, and on the day we started from Nish the War Department discovered that our interpreters were born in Austria, so we could not take them in the war zone. We left Nish without interpreters, using what German, French and Serbian we knew.

"When we got to the first station to change cars we discovered that our baggage was lost and decided to go no further without it. We met a Serbian in the station who spoke English. He was interpreter, he said, for the English 'mission,' and invited us to spend the night there. We went and discovered the English mission to be a Scottish women's hospital unit, with not a man in camp except the patients, cook and interpreter. They all seconded the invitation to stop with them, so we stayed.

WOMEN ARE THE DOCTORS.

"The whole outfit consists of 10 tents for hospital wards, 20 men in each, and about six tents to live in. There were three women doctors and 10 nurses. They are doing excellent work, wards are well equipped, bacteriological laboratory, etc.

"In the afternoon six nurses, Dr. S. and myself went for a horseback ride to the famous battlefield where the Austrians were repulsed and

30,000 prisoners were taken. It was wonderful—shells, caps, bones and such things all around and in the trenches. The same night we had a card party. There were Serbian officers, French officers and the Scottish nurses and the members of the British ambulance corps there. We played progressive whist. Once I was at a table with a Serbian officer, a French nurse and a Russian nurse, and no one of these understood the language of the other. It was great fun.

"Much to our surprise, our baggage turned up the next morning, so we proceeded to ——— on a cute little pocket edition railroad, and some time that day got to Valievoc. Nothing exciting occurred there, and the next morning we took a train for Obrenovatz, a small town on the Save. We spent the night there, and the next day drove to Schabatz. The road winds along the river Save, the northern boundary of Serbia, and we were compelled to make a two-hour detour because of the artillery fire in one place, somewhat exciting, to say the least.

HAVOC AT SCHABATZ.

"Finally, after a 10-hour drive, we got to Schabatz. The destruction here is terrible. It is truly the 'deserted village,' formerly a town of 30,000, now about 700. I don't believe there are 50 houses unharmed by shells. The whole city is in ruins, resembling Baltimore's burnt district after the fire of 1904. It was the first place invaded by the Austrians. We spent the night there and at 7 A. M. left by rail for Losnitz and got there at 11 o'clock. Here it is the same story: over half the town in ruins and 700 people left of 3000 normal population. The town is well protected, though, with heavy artillery and efficient infantry. However, my clothes are put in order at night so that I can jump right into them at any moment. I also have handy a little kit, where I keep my razor, etc., with a small alcohol stove, alcohol, matches, tea and bouillon cubes and a heavy blanket. There is no telling just when it will come handy. Dr. S. and myself went to Krupany. We stayed there three days, living in the officers' quarters. We started off at 6 A. M. one day on horseback and went up into the mountains along the border, where the artillery and infantry are established.

SOLDIERS AS SANITARY WORKERS.

"I am going to have lots of work here. The Prefect of my district says it has a population of

20,000. I have to vaccinate all against typhoid, typhus and cholera, and each disease requires three inoculations. This morning 24 patients called. Imagine my job with no interpreter! I told the commanding officers of the sanitary conditions here, and today have 300 soldiers cleaning up the town. There is enough work here to last a couple of years. I wrote to the Minister of the Interior requesting to be supplied with equipment for a hospital, and if he supplies it I think I shall stay. The Minister of War spoke to me about entering the army service at the end of my time, but I hardly think I will, as the civil work is broader and I am not hampered by any military rank. The Serbians certainly do treat us all right. When traveling they all do what they can to help you.

"I bought a camera in Nish from a Columbia man who was ready to go back. The Serbians will allow us to take pictures, but we cannot send them out of the country yet. I am waiting now for some films which I ordered in Athens. They will not allow us to take pictures of the trenches or the soldiers in them. In one place we wanted to photograph an artillery intrenchment, but were not allowed; also the place is not mentionable."

Dr. Maurice E. B. Owens, class of 1910, who has been at Long Lake, Washington, has returned to Baltimore. He is located at 1518 Poplar Grove street.

Dr. Charles E. Terry, class of 1903, has moved from 118 West Adams street to the City Engineers' Building, Jacksonville, Fla.

Dr. James B. Parramore, class of 1909, who has been located at 17 West Church street, Jacksonville, Fla., has moved to 341 St. James Building, that city.

Dr. N. E. Berry Iglehart, class of 1889, of 1008 Cathedral street, has been enjoying a week's fishing at the Woodmount Gun Club.

Dr. Nathaniel G. Keirle, class of 1858, chief of the Pasteur department at Mercy Hospital, celebrated his eighty-second birthday on October 10. He spent the day attending to his medical duties

and visiting among his friends. Dr. Keirle, at his age, is probably the most active medical man in Maryland. He is city postmortem physician, and for 20 years has directed the Pasteur department at the Mercy Hospital.

Dr. Henry O. Reik, class of 1891, and Mrs. Reik, who have been touring in the West for the past five months, have returned to their home at 506 Cathedral street. Dr. Reik brought home a unique collection of pictures, showing in their true colors the Yosemite Valley, the Yellowstone and Glacier National parks and the great Panama-Pacific Exposition.

Friends of Dr. John S. Spearman, College of Physicians and Surgeons, class of 1912, who is now in one of the Red Cross hospitals somewhere in the European war zone, have just heard an interesting story, in which the doctor and the daughter of a German nobleman are the principals.

This story was brought to New York recently by travelers returning from the war zone, and was to the effect that in January next Dr. Spearman is to marry Fraulein May von Raczek, whose father is a major in the German Army, holding a title of nobility in his fatherland.

These travelers tell a romantic story of the whole affair. They say that Fraulein von Raczek was a nurse in the same hospital in which the young Baltimore physician was stationed. Dr. Spearman, so the romance goes, was supposed to talk a great deal of German and to write the histories of his cases in German. He was not quite up to style in this language and so he called upon Fraulein von Raczek to help him. The teacher liked the pupil and the pupil liked the teacher. Then came the romance, or at least the reported romance.

Dr. Nathan R. Gorter, former Health Commissioner of Baltimore city, recently qualified in the Superior Court as a member of the State Board of Health, to which he was appointed by Governor Goldsborough soon after Mayor Preston named his successor as Health Commissioner.

Dr. Elmer Hall Adkins, class of 1905, has moved from Rosemary, N. C., to Rochester, Minn.

The following were visitors to the University during the past month:

Drs. C. N. Devilbiss, class of 1910, of Laytonsville, Md.

C. H. Metcalfe, class of 1914, of Sudlersville, Md.

A. M. McGovern, B. M. C., class of 1903, of West Union, W. Va.

B. H. Guistwhite, class of 1914, of Lykens, Pa.
W. P. Clancey, B. M. C., class of 1910, of Warren, Pa.

Samuel Luther Bare, class of 1905, of Westminster, Md.

Charles A. Goettling, Jr., class of 1910, of Middleburg, Va.

Walter B. Kirk, class of 1893, of Darlington, Md.

Jacob W. Bird, class of 1907, of Sandy Spring, Md.

Hamilton J. Slusher, class of 1913, of Boiesvain, Va.

James T. Billingslea, class of 1905, of Elvaton, Md.

Ralph C. Bowen, class of 1907, of Grantsville, Md.

Thomas J. Coonan, class of 1891, of Westminster, Md.

C. D. Hamilton, P. & S., class of 1913, of Sykesville, Md.

Robert E. Abell, class of 1912, of Chester, S. C.

Charles T. Fisher, class of 1901, of Princess Anne, Md.

J. Edward Hubbard, class of 1912, of Hinton, W. Va.

Thomas Brooks, class of 1910, of Santiago, Cuba.

Eugene W. Hyde, class of 1892, of Parkton, Md.

John W. Hebb, Jr., class of 1901, of West Friendship, Md.

George C. Coulbourn, class of 1910, of Marion Station, Md.

Wm. Frank Lucas, class of 1893, of Sykesville, Md.

George H. Hammerbacher, class of 1894, Baltimore, Md.

C. W. Roberts, class of 1906, of Douglas, Ga.

The Adjutant General of the Maryland National Guard has announced the result of the recent correspondence course for the medical offi-

cers in the Guard. The ratings obtained by the officers who took the course were as follows:

Major S. Griffith Davis, class of 1893, 88.55.

Major J. Harry Ullrich, B. M. C., class of 1897, 94.18.

Major Herbert C. Blake, B. M. C., class of 1905, 86.69.

Captain J. Charles Madara, P. & S., class of 1893, 85.09.

Captain G. Milton Linthicum, P. & S., class of 1892, 87.05.

Captain John C. Stansbury, class of 1912, 88.05.

Captain William J. Coleman, class of 1908, 96.40.

Captain Herbert Schoenrich, class of 1907, examined as a first lieutenant and commissioned captain subsequent to the close of the examination, 90.36.

Major Robert P. Bay, class of 1905, chief of the Medical Corps, was excused from taking the examination and reviewed all the papers. Captain Fred H. Vinup, class of 1909, was on leave and will take the examination later. First Lieutenant Fred H. Rankin, class of 1909, did not take the examination, having tendered his resignation.

Miss Stella W. Ricketts, University Hospital Training School for Nurses, class of 1911, who has been at her home in Kane, Pa., for several months, has returned to 1403 Madison avenue.

Miss Jennie R. Garner, University Hospital Training School for Nurses, class of 1911, has resigned her position as superintendent of the Emergency Hospital, Easton, Md. Miss A. E. Butts, class of 1913, assistant superintendent, has tendered her resignation.

Dr. Richard H. Johnston has been appointed clinical professor of bronchoscopy and esophagoscropy.

BIRTHS

To Dr. Louis Cotton Skinner, class of 1901, and Mrs. Skinner, of Greenville, N. C., October 16, 1915, twins—Louis Cotton, Jr., and Edward Ficklin.

MARRIAGES

Dr. John S. B. Woolford, class of 1896, of Chattanooga, Tenn., formerly of Cambridge, Md., to Miss Eliza Leiper Winslow, daughter of Dr. and Mrs. Randolph Winslow, of 1900 Mount Royal Terrace, Baltimore, Md., at Baltimore, October 23, 1915.

The ceremony was performed at 7 o'clock P. M. at Memorial Protestant Episcopal Church by the Rev. Dr. William Page Dame, and was followed by a reception at the residence of the bride's parents. The matron of honor was Mrs. Harry D. McCarty of Baltimore, and the bridesmaids were Miss Mary Frances Leiper, of Philadelphia, and Miss Elizabeth H. Bartlett, Miss Mary Lowndes Owens and Miss Helen Corse, of Baltimore.

The bride, who was given in marriage by her father, wore a beautiful costume of white satin combined with tulle and lace, and her tulle veil, which fell to the end of a court train, was edged in the same lace which belonged to her maternal grandmother. Her flowers were a shower of lilies of the valley. The matron of honor was gowned in a dainty costume of lavender taffeta with touches of ecru lace, made with full pannier effect. She carried lavender hyacinths. All of the bridesmaids were gowned alike in changeable yellow and pink pussy willow taffeta, with an overskirt effect of ecru lace, and carried yellow roses.

Mr. Cator Woolford, of Atlanta, was his brother's best man, and the ushers were Mr. Caleb Winslow, Mr. George L. Winslow and Mr. Oliver P. Winslow, brothers of the bride, and the following from Chattanooga: Major Bass, Major Wiley and Dr. Henry Johnson. Following the reception, which was from 8 until 10 o'clock, Doctor and Mrs. Woolford left for a Northern wedding journey. They will make their home in Chattanooga.

Dr. Charles Percy Noble, class of 1884, of Chestertown, Md., to Miss Elizabeth M. Scanlan, of St. David's, Pa., at Towson, Md., October 7, 1915.

Dr. Julian Mason Gillespie, Assistant Surgeon, U. S. P. H. S., class of 1909, formerly stationed

at the U. S. Marine Hospital, Louisa, Va., to Miss Verna Mary Duplantis, of New York City, at St. Patrick's Cathedral, New York, October 12, 1915. Dr. and Mrs. Gillespie will be at home to their friends after November 1 at 609 West 137th street, New York.

DEATHS

Dr. Lawrence Orr McCalla, College of Physicians and Surgeons, class of 1893, a retired practitioner of Starr, S. C., was shot and killed by his wife's nephew, October 9, 1915, aged 52 years.

Dr. Harry Oliver Lightner, Baltimore Medical College, class of 1896, also a druggist, of Marysville, Pa., died at his home October 5, 1915, as the result of a nervous breakdown, aged 43 years.

Dr. Edmund C. Rivers, class of 1879, of 1632 Welton street, Denver, Colo., a well-known specialist on diseases of the eye and ear; president of the board of trustees and professor of ophthalmology in the Denver and Gross College of Medicine, Denver; vice-president of the board of directors and consulting oculist to the Denver Maternity and Woman's Hospital Association, was drowned while hunting in Barr Lake, near Denver, October 24, 1915, in an unsuccessful effort to save the negro caretaker of the club from drowning, aged 57 years.

Dr. Raymond Claude Fout, class of 1901, of Kemptown, Frederick county, Md., died at the Baltimore Eye, Ear and Throat Hospital, November 2, 1915, a short while after being brought there from his home to undergo an operation for throat trouble, aged 37 years. Dr. Fout was a member of the Frederick County Medical Society.

Dr. C. H. Fultz, P. and S., class of 1907, of Vanceburg, Ky., died at his home September 3, 1915, aged 39 years.

Dr. Orson Pope Kingsley, B. M. C., class of 1907, of Brush, Colo., a veteran of the Spanish-American War, with service in the Philippines, died in a hospital in Denver, September 23, 1915, aged 36 years.

Dr. Ithamar Davisson, B. M. C., class of 1893; P. and S., class of 1910; died at his home in Flemington, W. Va., July 4, 1915, from cerebral hemorrhage, aged 60 years.

Dr. Joseph R. Hunt, Physicians and Surgeons, class of 1888, of Laurel, Md., died at his home in Laurel, from paralysis, October 19, 1915, aged 50 years. Dr. Hunt was a director of the Citizens' National Bank of Laurel and was Mayor for one term.

Dr. Charles C. Taggart, class of 1887, of Marshfield, Ore., died at his home September 11, 1915, aged 49 years.

Dr. F. W. Max Klonk, B. M. C., 1894, died at his home in Oakland, Cal., October 2, 1915, aged 63 years.

Dr. John Dickson, class of 1852, for many years a practitioner of Baltimore but for the last 25 years a resident of California, died at his home in San Francisco, September 15, 1915, from senile debility, aged 84 years.

Dr. Edwin D. Schaeffer, Baltimore Medical College, class of 1893, one of the leading physicians of Reading, Pa., died suddenly at his home, 317 South Sixth street, October 22, 1915, from blood poisoning, aged 47 years.

Dr. Schaeffer was a native of Bowers, being employed as a telegraph operator during his early years. Later he became the ticket agent at Bowers Station. He graduated from the Baltimore Medical College and later moved to Reading and established himself on South Sixth street, where he resided during the past 22 years.

He was conceded to be one of the best medical authorities in town. He had a large practice in the southern section of the city. Seven years ago he was elected a member of the School Board.

The new school code causing the board to be composed of but nine members had not been enacted at that time. From a large field Dr. Schaeffer was selected and re-elected as a member. He was a member of the committee on supplies, property and sanitation, playgrounds and teachers' retirement fund.

He was a most ardent fisherman, and his chief

source of recreation was in the use of the rod and line.

He was married to Miss Essie Humbert, daughter of the late Rev. Duquesne Humbert, of Bow-ers, and, besides his wife and one daughter, he is survived by his mother and a sister, Mrs. E. D. Westcott, of this city.

He was prominent in local Shrine circles, being a member of Reading No. 62, F. & A. M. Lodge of Perfection, the Philadelphia Consistory and Steffy Council. He was also a member of the Liberty Fire Company.

BOOK REVIEWS

INTERNATIONAL CLINICS. A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A. Volume I. Twenty-fourth Series. 1914. Philadelphia and London: J. B. Lippincott Company. Cloth, \$2 net.

Volume I of the Twenty-fourth Series of International Clinics is replete with interesting, useful and helpful articles. No matter where one opens the book, one is sure to find something practical and valuable in one's practice. Amongst the most important articles may be mentioned The Treatment of Nephritis, by Robert N. Wilson; Cardio-vascular-Renal Regulation by Other Means Than Drugs, by J. Madison Taylor; The Importance of Frequent and Thorough Medical Examination of All Citizens, by Victor C. Vaughan, and The Prophylactic Treatment of Rheumatism, by N. S. Davis.

In his essay on Drugless Cardiovascular-Renal Regulation, Davis says: "Treatment of cardiovascular disorders, to effect cure, should be initiated so early in stages of evolution as to amount practically to prevention. Since there are no characteristic early symptoms, reliance must be placed on rational forms of living and prompt recognition of dangers in neglecting evidences of certain functional disturbances. Hence the key to best results lies in making clear the perils of faulty personal conduct, and also the importance of expert guidance and control throughout life. Until mankind becomes aware of the deep significance and economic value of medical supervision when in health, and of prompt consultation when even slightly out of health, this conservation cannot be effected.

"When blood pressure is found to be abnormally high, we are confronted with either temporary or acute disturbances which demand prompt precautionary and remedial measures. When this phenomenon appears in persons otherwise vigorous, especially toward or after middle life, it may, and usually does, indicate structural changes in the blood vessels pointing to advanced disease."

Among the measures he recommends for these disorders are education in mind control, respiratory education, regulated movements, mechanical stimulation by pressure, skin friction, colonic irrigations, hydrotherapy, blood-letting and regulation of diet. In advising venesection the author states: "Bear in mind that a weak radial pulse is no contraindication, rather the one plain signal to relieve the overburdened heart."

However, each article contains something which should appeal to the general practitioner.

INTERNATIONAL CLINICS. A Quarterly. Edited by Henry W. Cattell, A.M., M.D. Vol. I. Twenty-fifth series. Philadelphia and London: J. B. Lippincott Company. 1915.

Here, as in the preceding numbers of International Clinics, are found a number of articles on live subjects to the profession. The volume opens with an article by Sir William Osler on "The Diagnosis of Polycystic Kidney" and closes with one by Dr. Cattell himself on "The Progress of Medicine During the Year 1914." Interspersed between these are a number of other articles which should interest the general profession.

INTERNATIONAL CLINICS. Edited by Henry W. Cattell, M.D., Philadelphia. Philadelphia and London: J. B. Lippincott & Co. Cloth. \$2 net. Twenty-fifth series. Vol. II. 1915.

The articles treated in the present number are on questions of interest to the profession as a whole. Diagnosis, treatment, etc., on such conditions as tuberculosis joint disease in children, brain injuries at birth, some new phases of emetive therapy, diagnosis and treatment of arteriosclerosis are of practical import to all practitioners. The present issue of the *Clinics* is replete with such articles.

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No. 10

SURGICAL TREATMENT OF GOITER.

By ROBERT PARKE BAY, M.D.

In considering this subject, the treatment of various lesions involving the thyroid gland, with special reference to the advisability and results of surgical interference, it is necessary to have a fair knowledge of the character of the tumor. For this reason it is necessary to divide diseases involving the gland into several classes.

First, in the clinical classification, we may consider the simple and toxic form.

In the anatomical classification we recognize two forms, the diffuse and nodular.

The diffuse type of hypertrophy may show itself in two forms: (a) Colloid goiter. In this form the amount of colloid is so greatly increased that the follicles of the gland are often greatly dilated, and the epithelium lining of the same more or less flattened or destroyed in some cases. The septa between neighboring follicles may be broken through and absorbed. If sufficient dilation and confluence of follicles is brought about we have the cystic condition (cystic colloid goiter). (b) Parenchymatous goiter. This form consists in the glandular proliferation, or more closely resembles a new growth. Solid masses are formed much in the same way as the fetal thyroid is formed. The colloid is small in proportion in this form, but we have an increase in the cellular elements, and consequently the following: The first type represents the simple, while the second is the type associated with hyperthyroidism.

It is not always the largest goiter that produces the most marked symptoms; in fact, it is frequently the reverse. It is also well known that all goiters are not necessarily surgical conditions, and it is my opinion that all enlargements of the thyroid should have medical treatment before an operation is advised. This not only may cure the condition in many cases, but will be of value preparatory to an operation.

The medical treatment, briefly, should consist in rest, electricity and calcium lactate given in large doses internally for several months, after which time, unless marked improvement has taken place, an operation should be advised.

The question necessarily arises, What symptoms demand surgical interference? In simple goiter many have them performed for the cosmetic effects, but the great majority have an obstruction to the respiratory passages, or pressure on the trachea. Occasionally we have a substernal goiter the result of massage, or osteopathy, as one of my cases was changed from a simple hypertrophy, with no symptom, except the enlargement, to a dangerous and troublesome condition, the result of massage. This goiter could only be seen in the suprasternal notch during swallowing. The interference with respiration was marked, the patient being unable to sleep unless propped on pillows, and being in constant fear of suffocation. The symptoms entirely disappeared following thyroidectomy.

All cases of goiter-producing symptoms which have not been benefited by medical treatment should be operated upon, namely: Such symptoms as (a) distress from pressure upon the

trachea, or esophagus, (b) pains from pressure, (c) unsightly deformity, (d) discomfort due to weight of an enlarged gland, (e) increasing symptoms of hyperthyroidism not yielding to the medical treatment.

The character of operation depends largely on the symptoms presenting themselves; for instance, the cystic goiter may be relieved by the simple enucleation of the cyst, while the severe case of hyperthyroidism, with vasomotor disturbances, tremors, mental irritability, tachycardia, loss of weight, myocarditis, kidney changes and marked exophthalmos, are best treated by first ligating the vessels, and, after the symptoms have subsided, the removal of the gland. The above symptoms are frequently seen in a mild degree with only slight enlargement of the gland. These cases have frequently been treated for neurasthenia, gastritis and other nervous conditions. Many have even been advised to enter some institution for mental diseases, with little or no prospect for a future. One of my cases represents this class, where a young girl was advised to enter an institution for feeble-minded and told she was not likely to ever be of service to herself or family. After the removal of two-thirds of her thyroid, which was only slightly enlarged, she was completely cured, and has taken up the profession of nursing, leading a class of 20 others, and, while not a robust individual, enjoys good health, with occasional slight nervous symptoms following the loss of rest. These cases are frequently noted following an acute infection about the throat or sinuses, and if taken early will respond to medical treatment. Two cases are under observation at the present time which could well be termed an acute inflammation of the thyroid, the patient awakening with pressure symptoms in the throat, with an enlargement and tenderness on pressure over the thyroid gland, with slight fever and marked acceleration of the pulse. Both cases were preceded by an infection of the tonsils, one involving the antrum. Both cases are being treated by a specialist, and the symptoms are apparently subsiding.

During the last 10 years the operation of thyroidectomy has changed in the minds of the surgeons and also the laity. It was formerly looked upon as one of the most dangerous of all major operations, while at the present time it is looked upon as one of the safest major operations. This paper embraces 25 consecutive operations without any mortality. The dangers not to be overlooked

and to be fortified against are (a) anesthetic, (b) shock, (c) hemorrhage, (d) hyperthyroidism, (e) infection, (f) injury to the recurrent laryngeal nerve, (g) injury to the parathyroid glands, (h) air embolism, (i) collapse of the trachea with asphyxia.

CHOICE OF ANESTHETIC.

Ether has been universally used in my cases, with good results, and I feel, with far more satisfaction and with less shock, than any of the local anesthetics. The anoci method of Crile was used in two cases without any appreciable effect; it prolongs the operation, and therefore increases the danger. The anesthetist should be an expert, and should prepare in the same manner as the surgeon and assistants, wearing rubber gloves with sterile gown. The ether mask and coverings should be sterilized, and the ether can, covered with sterile towels. This enables the anesthetist to hold the patient's jaw forward, also to keep the head still, and does not obstruct the field of operation. The anesthetic should not be started until the patient is completely prepared. The iodine preparation of the skin is advisable, as it does not require washing or manipulation of the gland. The patient is placed in a semi-upright position, with a small pillow under the shoulders, throwing the gland forward as prominently as possible. Shock is seldom encountered, as the operation is of short duration and attended with little loss of blood. Hemorrhage of any consequence is seldom noted, and is controlled by the ligation of the suprathyroid vessels and by clamping the vessels as they enter the capsule, as all operations should be performed within the capsule.

Hyperthyroidism following operation is the real danger to your patient. It is due either to absorption of the thyroid secretion pressed out of the gland and into the circulation, or of thyroid secretion of toxic blood absorbed from the wound surface. The latter is, in my opinion, the chief cause, and to combat this I have kept a constant stream of sterile salt solution flowing during the operation, so preventing blood from remaining on the surface and being reabsorbed. The results have been more than satisfactory as shown by these cases, and in none of these cases have the thyrotoxic symptoms been increased following operation.

This is not difficult to perform, the only disadvantage being the wet dressings, which amounts

to little, as no case has developed bronchitis or pneumonia, and results are very gratifying.

Parathyroids and the recurrent laryngeal are never injured if the operator stays within the capsule, as they are both situated behind the capsule.

The after-results following partial thyroidectomy have been very satisfactory, and in only one case did the portion left show any signs of hypertrophy, and that not to such an extent as to require its removal. The steps of the operation I will not describe, except to say that the transverse incision should be made as low down as feasible, and all cases should be drained. It is seldom necessary to cut across the muscles, as they can be retracted and after the delivery of the gland act as support during operation. The capsule and fascia should be sutured with catgut, and a subcutaneous silver wire suture is used to close the skin encircling the tube, and after the drains are removed this is pulled tight, almost completely closing the external opening. The drainage is continued from 48 to 72 hours, and during this time the cavity is irrigated with sterile salt solution every 24 hours. After a few months the scar is hardly perceptible, easily hidden by a string of beads, thereby not interfering with a low-neck gown. These cases, while not a large number, present some rather interesting conclusions:

First—Thyroidectomy is not attended with the high mortality that was formerly believed.

Second—The results of thyroidectomy in all classes have been very gratifying, the mild and severe thyrotoxic symptoms clearing up with marked rapidity.

Third—Enlargement of the thyroid gland, with over activity, frequently follow acute infections about the throat, mouth and sinuses, leading one to believe that infection is an element in the etiology.

SURGICAL CONDITIONS OF THE THYROID.

By C. H. BURTON,
Class of 1916.

The thyroid is classified among the ductless glands and is situated at the upper part of the trachea, and consists of two lateral lobes, placed one on each side of that tube and connected with each other by means of the isthmus, which covers the third and fourth tracheal rings.

The thyroid gland possesses important nutritive functions. It furnishes an internal secretion which destroys certain toxic products of metabolism. Kocher pointed out that its complete removal in a young or middle-aged person usually causes operative myxedema, and perhaps tetany. But removal in an elderly person does not produce this condition. Later knowledge indicates that removal of the thyroid with the parathyroids certainly produces myxedema, unless aberrant thyroids exist and compensate. Removal of the thyroid without the parathyroids may not produce permanent grave consequences. Wounds of the gland cause violent hemorrhage, which is very difficult to arrest. We may use suture ligatures, pursestring sutures, the actual cautery or the removal of the bulk of the gland.

When the gland is entirely absent we have a condition known as cretinism. The patient is dull, stupid, stunted in body and mind. The expression is characteristic, the tongue thick and the body flabby and swollen. In older life if the entire thyroid is removed we have a similar condition known as myxedema. This condition is characterized by presence of firm subcutaneous swelling in the face, neck and limbs, slow speech, mental dullness and subnormal temperature. This same condition is seen in atrophy of the gland. Cretinism and myxedema are treated by the internal administration of thyroid extract. Thyroid grafting has been experimented with in many cases of these conditions with rather encouraging reports.

There may be congestion of the thyroid due to violent exertion, febrile maladies and venous obstruction. Inflammation may occur and affect one lobe. It may terminate in resolution suppuration or fibrous induration.

Tuberculosis and syphilis occur, but are rare. Tumors of the thyroid are of various sorts. Among them are adenomata, cystic adenomata, sarcoma and carcinoma. There are eight cases of teratoma on record. Malignant disease is more common in women than in men, and is very seldom met with before the age of thirty. One should always suspect malignant disease of the thyroid gland when the growth appears rather suddenly in a patient over forty years of age. The growth is irregular in outline and accompanied with pain and difficult swallowing, later have symptoms due to pressure upon nerves, the growth becomes firmly anchored and the adjacent

lymph glands become involved; there may be tracheal bleeding and perhaps fever, and finally cachexia develops. It is hard to differentiate clinically whether you are dealing with sarcoma or carcinoma. Malignant disease is rapidly fatal and patient may die within six months. Radical operation is proper only before the growth breaks through the capsule, yet at any stage it may be necessary to operate in order to prevent suffocation.

Goiter.—A goiter is an enlargement of the thyroid gland not due to a malignant tumor or to inflammation, but is a condition of hypertrophy and hyperplasia of the thyroid gland due to some sort of degeneration. The enlargement may affect a small portion of the gland, one lobe, both lobes, or both lobes and the isthmus, and it may occur sporadically or endemically. There are a number of different forms, and the most common is what is called parenchymatous goiter. Both lobes are enlarged nearly equally and the entire mass seems to be composed of tissue identical in structure to the normal tissue.

Another very common form is the cystic. It consists in the development in one or more of the acini of either large or small cysts, filled with a clear and thin fluid, or at times viscid and often coffee ground in appearance; next is the fibro-adenomatous variety, due to the formation within the thyroid gland itself of one or more circumscribed tumors composed of normal gland tissue.

This gland may be the seat of carcinomatous degeneration or sarcomatous growths. The carcinomatous degeneration is the more frequent.

Graves' Disease.—In this form too much secretion is poured into the system, and as a consequence there is the associated condition of exophthalmos. In this case the general symptoms are much more important than the local ones. In exophthalmic goiter the marked symptoms are the pulsating thyroid, protruding eyeballs, tachycardia, the enlargement of the gland and a bruit in the gland upon auscultation. After fetal life the thyro-glossal duct is obliterated and the secretion of the gland gains entrance into the system through the circulatory apparatus in the acini, which are filled with a colloid material. As in the salivary glands, any of the elements may be hypertrophied. This condition is very common in certain mountain ranges in Switzerland, South-east France, Northern Italy, Norway and England, but is rather rare in this country. The

cause is not positively known. Some think it is due to hygienic surroundings, and others think heredity plays a great part. Some observers blame the drinking of snow water or water impregnated with salts of lime. There is a village in Switzerland in which 70 per cent. of the inhabitants were afflicted with goiter. A change in the water supply very greatly reduced the development of thyroid in young individuals. Boiling water in thyroid districts lessened the prevalence of the disease. It is mostly found in women or girls.

The condition may be congenital and does not usually develop until puberty or later. At first have slight swelling and then keeps increasing in size and producing much discomfort. The enlargement may be so great as to interfere with deglutition and respiration. Pressure upon the recurrent laryngeal nerve causing an alteration of the voice or even complete loss, if the pressure is upon the trachea, may result in asphyxia. Treatment in most cases is surgical, for there is not much danger in the removal of a part of the gland. In unoperative cases of exophthalmia the use of extract of the thymus gland has shown some good results. The supra-renal extract has been given in cases of exophthalmia, but it is not as efficient as the thymus gland extract. Dr. Charles H. Mayo of Rochester wrote an article with his conclusions based on the observation of 5000 operations. He states that drinking water seemed to have much to do with the etiology of thyroid disease. Transplantation of the gland in cases of defective thyroid was of no more value than the feeding of such glands, as it was in a short time eaten up by the host. The vocal cords and all enlargement of the glands should be examined, as paralysis of one of the cords from pressure frequently occurred without alteration of the voice, due to the pressure of the recurrent laryngeal nerve, the left being more commonly involved.

Substernal thyroid was more common than was generally appreciated and should be regularly examined for. Diagnosis was made by dullness on percussion over the sternum and by X-ray examination. Iodine was of benefit in the simple hyperemic goiter. It was of real danger when given to cases of fetal adenoma or old colloid goiter, in which, due to the stimulation, a state of thyrotoxicosis developed, the latter condition in a short time causing myocarditis. X-ray treatment

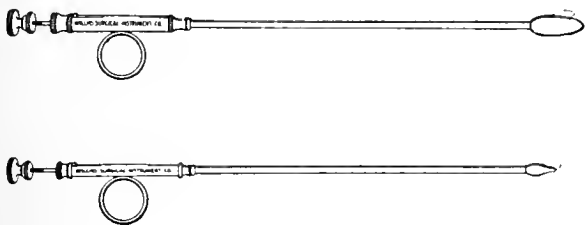
was of value at times in carrying a patient over an acute exacerbation of the exophthalmic type. The operation of ligation of the superior thyroid arteries was very important in several cases as a preliminary step in the preparation of the patient for the more radical procedure. Partial thyroidectomy cured the progression of the thyrotoxicosis, but the injury already caused to the nervous system, heart, etc., was permanent. Removal of the superior and middle sympathetic ganglia frequently cured the exophthalmos. There are no more brilliant surgical achievements than the restoration of these nervous and circulatory invalids to the pursuit of happiness and the paths of peace.

AN IMPROVED URETHRATOME.

By PAGE EDMUNDS, M.D., F.A.C.S.

An instrument devised for cutting so-called impassable strictures of the urethra without a guide. Also for complete incision of the cicatricial tissue without damage to the normal mucosa of the canal.

The set of Urethratomes consists of three instruments varying in size and construction. The first instrument to be used consists of a bulbous bougie, size 22 "F," with knife concealed in the bulb; when extended the knife projects $\frac{1}{8}$ of an inch in advance of the point. In use, the point of the urethratome is engaged in the obstruction, the knife advanced, and the obstruction incised $\frac{1}{8}$ of an inch. This procedure is repeated until the obstruction has been passed.



The second instrument is much like the ordinary bulbous bougie in shape, with a knife concealed in the bulb. When the knife is advanced, the cutting occurs only on the greater circumference of

the bulb. The size of this instrument is 26 "F," which fills exactly the incision made by instrument No. 1.

The third instrument, which completes the set, is exactly similar, being 33 "F" in size and filling exactly the incision of No. 2.

On the handle of No. 2 and No. 3 urethratomes there is a stop which can be used to regulate the depth of the incision. No. 2 and No. 3 are used exactly as one uses olivary sounds to locate obstructions, and incision is then made at this point.

The advantages claimed for these instruments are: Incision of strictures of small caliber without a guide, and elimination of the possibility of false passage. The larger urethratomes completely incise the scar without causing further damage.

These instruments have been in use in the University Hospital by practically all of the surgical staff with very happy results.

REPORT OF CASES OF PERFORATING GASTRIC AND DUODENAL ULCERS OCCURRING AT THE UNIVERSITY HOSPITAL IN THE SERVICE OF PROFESSOR RANDOLPH WINSLOW.

By ELMER NEWCOMER, M.D.,

Assistant Resident Surgeon, University Hospital.

Perforating ulcers of the stomach and duodenum occur with considerable frequency, and are most serious catastrophies. If the disaster is recognized sufficiently early and is treated promptly, a large proportion of the patients can be saved from impending death; if unrecognized and untreated, or, worse, badly treated, the sufferers are doomed to almost inevitable loss of life.

It is highly desirable that an accurate diagnosis should be made before an operation is undertaken, but it is a fact that many of these cases are operated on under the mistaken diagnosis of acute appendicitis. This error, while not an irremediable one, involves the making of an incision that is not the best for repair of the perforation, and consequently prolongs the time of the operation and increases the traumatism in a patient already almost overwhelmed by his disaster. The symptoms of an acute perforation of the stomach or

duodenum are sudden agonizing pain in the abdomen, not necessarily situated at the seat of the trouble; the patient often going into a condition of shock, with rapid, thready pulse and subnormal temperature. Soon reaction occurs, with elevation of temperature, increase in the tension of the pulse and tenderness and great rigidity of the abdominal walls. The tenderness and rigidity are usually greater in the upper abdomen than elsewhere, but this may not be marked. The respiration is usually of the costal type from the onset. The leucocyte count will be greatly increased. A careful history will usually indicate that the patient had for a long time suffered from indigestion and gastric distress, but in some cases the attack comes on suddenly and without warning.

There is but one treatment for this condition, and that is laparotomy at the earliest possible moment, with suture of the perforation. Often it is desirable to cover the ulcer area with an omental graft as an additional protection. The question of gastro-enterostomy must be considered in these cases, especially when it is feared that the pylorus is in danger of being too much narrowed. As a rule, it is not necessary to do a gastro-enterostomy, as it is time-consuming and exposes the patient to the additional and inherent dangers of this procedure. If the peritoneal sac has been contaminated with gastric contents, and especially if peritonitis has set in, a small incision should be made over the pubes and drains placed in the pelvic basin. The patient should be propped up and treated for peritonitis. Quite a number of perforating ulcers have been treated at the University Hospital in the various services, but I am now reporting only those that have occurred in the service of my chief, Professor Winslow.

CASE I.—Patient, P. C. D. V.; seaman; aged 21. Enters hospital March 30, 1915 at 2 P. M., complaining of pain in stomach. This trouble began while at work in the afternoon of the day before with sudden violent cramplike pains over the entire abdomen. These pains were so severe that the patient was compelled to stop work and had to be carried to a cabin, at which time he was given a dose of castor oil. This treatment did not relieve the trouble. The following day, upon arriving at port, he was brought to hospital, still complaining of pain, but not quite so severe, although he seemed to be growing more ill.

Past History—Of no interest, except that for the past two years he has had intermittent

attacks of pain and indigestion. He was in a hospital about six months ago, when and where a diagnosis of gastric ulcer was made.

Family History—Negative.

Examination—Patient markedly emaciated; cheeks flushed and face bearing an anxious expression; pulse rapid and somewhat feeble; chest normal.

Abdomen—No tympanites. Marked muscular rigidity and tenderness over entire abdomen, especially on the right side on a level with the umbilicus.

Mouth temperature 100 degrees; rectal temperature 102; pulse rapid. Immediate operation advised and accepted.

Patient prepared for general anesthetic, taken to operating-room and put to sleep by ether, drop method. Abdomen prepared by the iodine technique. An incision was made over the right rectus muscle by Dr. Newcomer. Upon opening the peritoneum a great quantity of whitish, flaky fluid was found free in the abdominal cavity. The appendix was located and found normal. In going up toward the stomach the intestines were found to be covered with whitish fibrin, and upon delivering the stomach a perforated ulcer was found on the greater curvature of the stomach about 1½ inches from the pyloric opening. This opening was closed by a purse-string suture of silk, and the area covered over with a small piece of omentum. There did not appear to be any obstruction to the pylorus, so a gastro-enterostomy was not done. Rubber tube drains were placed in the pelvis, along with cigarette drains in other portions of abdomen. The wounds were closed about the drains, catgut being used in the various tissues.

The patient made an uninterrupted recovery, and the wound healed by first intention, except at the drainage tract. The patient was discharged on May 24, 1915, as "cured," having gained weight, with normal digestion, and eating regular diet.

CASE II.—C. G.; aged 29; patternmaker. Entered hospital October 27, 1914, at 3 P. M., with the complaint of pain in his stomach.

Family History—Negative.

Past History—Of no interest, except that within the past two years patient has had several mild attacks of indigestion. These attacks gave very little trouble, and no attention was paid to them.

Present Illness—Today, about 11 o'clock, while

at work, he was taken with sudden violent pain in the abdomen; so severe that he was compelled to quit work. He went home and called in a physician. During this time the pains persisted, with some nausea, and he vomited once. His family physician brought him to the hospital immediately.

On admission the patient still had pain, but this had subsided somewhat, owing to the administration of a dose of morphine.

Examination—A general examination reveals nothing particularly abnormal.

Abdominal Examination—Marked muscular rigidity and marked tenderness over entire abdomen, especially in upper abdomen.

Mouth temperature 100 degrees; pulse 105. Operation advised at once and accepted.

The patient was prepared for a general anesthetic, taken to operating-room, put to sleep by ether, drop method. Abdomen prepared with the iodine technique. An upper right rectus incision was made by Professor Winslow. Upon opening the peritoneum a great quantity of yellowish-white fluid escaped, and a perforated gastric ulcer was suspected. On delivering the stomach a small ulcer which had perforated was found on the anterior surface of the stomach close to pylorus. This was closed with a pursestring suture of silk and covered with a piece of omentum. This seemed to constrict the pylorus somewhat, and a posterior gastro-enterostomy was done. A small incision was made in abdominal wall just over the symphysis, and rubber tubes were placed in the pelvis. The first incision was closed. The patient was returned to ward in good condition, and made an uninterrupted recovery, and was discharged on November 17, 1914, as "well." The wounds were healed, and the patient was eating ordinary diet without trouble.

CASE III.—F. F. W.; age 23; druggist. Entered hospital on January 8, 1914, complaining of pain in stomach. This trouble began about 8 o'clock P. M., a short while after eating a hearty supper, with sudden cramplike pains about middle of abdomen. Pains were so severe that patient had to go to bed, and was brought to hospital a short while afterward.

Past history negative up to December, 1913, when he had an attack of pain in epigastrium,

coming on about two hours after eating dinner, and then after eating a light supper was relieved of pain and discomfort. Also the next day after eating had a similar attack, but this did not last long. Following this at times patient had some accumulation of gas, with some eructations. Five days following the first attack he was taken suddenly, at midnight, with severe pains around the umbilicus and epigastrium. This lasted all night, but in the morning, after eating breakfast, he felt better. He had no further trouble until the day of admission.

Examination—General examination revealed nothing abnormal, except a marked anxious expression.

Abdomen—No tympanites. Marked muscular rigidity and tenderness, particularly so on the right side.

Pulse 100; mouth temperature 97; rectal temperature 100. Operation was advised at once and accepted.

The patient was prepared for a general anesthetic and was taken to the operating-room and put to sleep by ether, drop method. The abdomen was prepared by the iodine technique. A right rectus incision was made by Professor Winslow. When opening the peritoneum a great quantity of turbid fluid was found in the cavity, and evidence of a general peritonitis. The appendix was located and found normal. A search in the upper abdomen was made, and a perforated ulcer in duodenum was found close to the pylorus. The opening was closed with pursestring sutures and covered over with a piece of omentum. The wound in the upper abdomen was closed, and a counter incision was made over the symphysis and rubber tube drains placed in pelvis.

The patient was returned to his room in good condition. After making an uninterrupted recovery, patient was discharged February 12, 1914, as "well."

CASE IV.—Patient, J. S.; aged 50; stevedore; white. Entered hospital July 31, 1909, complaining of pain in his stomach.

Family history of no interest.

Present Illness—About two hours before coming to the hospital the patient was seized with violent pain in the abdomen, which gradually grew worse. Stomach symptoms date back about

two years, and during this time he had intermittent attacks of pain in his stomach, and indigestion, and was treated for gastritis. Patient has never vomited nor had any other alarming symptoms.

Upon examination, generally there is nothing abnormal noted except an anxious expression and one of acute pain.

Head and chest normal.

Abdomen—No tympanites, yet there is some little distention in the lower abdomen. Marked muscular rigidity and tenderness over entire abdomen, but especially in the upper abdomen.

Pulse 110; temperature 100, by mouth.

Operation was performed at once. He was taken to the operating-room and anesthetized with ether, drop method. The abdomen was prepared with soap and water and antiseptic solutions, and an upper right rectus incision was made by Professor Winslow. Upon opening the abdomen a great quantity of flaky, white fluid escaped. A perforated stomach ulcer was found. This opening was closed with pursestring suture and covered over with a piece of omentum. This having been done, a posterior gastro-enterostomy was performed. Rubber tubes were placed as drains in the pelvis. Wound closed and patient returned to ward in good condition.

Patient made an uninterrupted recovery, and was discharged on August 14, 1909, as "well."

CASE V.—This was a colored man who was taken with violent pains in the abdomen, tenderness, rigidity and the usual signs of a serious intra-abdominal crisis, and was admitted to University Hospital, probably in 1911 or 1912.

He was operated on by Professor Winslow, a right rectus incision being made. The abdominal cavity contained the usual flocculent material, indicating a perforation of the stomach. The opening was found at the pylorus, high up under the liver, and was sutured with difficulty. He was drained, propped up in bed, given Murphy's procotolysis and made a good recovery.

The chart history of this case cannot be found at this time, and its meager details are derived from the memory of Dr. Coleman, who was Professor Winslow's assistant when this case was operated on.

A gastro-enterostomy was not done in this instance.

CASE VI.—Mrs. M. E. M.; aged 59; married; housewife; of Baltimore. Was admitted to the

University Hospital June 18, 1912. She had been suffering with vague stomach symptoms for four days, for which she had been taking bismuth, ordered by her family physician, when she was suddenly taken worse, and in the emergency called in Dr. W. H. Smith. At the time he first saw her she was suffering agonizing pain in the upper abdomen, which had come on suddenly and was so intense as to call forth cries. This pain was peculiar, coming on in paroxysms, the intensity increasing and abating alternately. At this time there was little rectus rigidity or distention of the abdomen, but constipation was marked. As the patient looked extremely sick, Dr. Smith advised her removal to the University Hospital, where she arrived about 8 P. M. Her pulse was slow; nausea was present. As soon as she could be put to bed and made comfortable a H_2O_2 enema was given. This proved effectual, and she became more comfortable. The improvement lasted until 4 A. M., when the pain in the abdomen began again, at which time pulse was 60, respiration 18, temperature $97\frac{3}{5}$. There was some abdominal rigidity and tenderness, but not so marked as one would suppose for so severe a catastrophe. The indications for laparotomy were plain, so the patient was taken to the operating-room about 8 A. M., etherized, painted with iodine, and a right rectus incision made. Upon entering the peritoneal cavity stomach contents were found, immediately calling attention to the character of the lesion, which had been previously suspected.

The source of the leaking was a small hole on the anterior aspect of the stomach near the pylorus. This was sutured and four drains inserted, two cigarette and two rubber tubes. The wound was closed to the drains. The next day, June 20, the dressing was removed, but little drainage had taken place. On June 21 the temperature began to rise until it reached $102\frac{1}{2}$, when the patient died.

Although this case occurred in the service of Professor Randolph Winslow, owing to his absence from the city she was operated upon by Dr. Nathan Winslow. Apparently there was no reason for the unfavorable outcome. When opened there was a generalized peritonitis, but as she was placed in the upright position, a favorable outcome was looked for, especially as a cigarette drain and a rubber tube were inserted into the pelvis.

STATE BOARD EXAMINATIONS; WHAT THEY SHOULD EMBODY.*†

By ETHEL P. CLARKE, R.N., Indianapolis, Ind.

The subject of questioning is receiving considerable attention from those who are doing thoughtful and progressive work in education. Its purpose and importance are being recognized, and authorities generally agree that there are certain qualities every good question should possess; it should compel reflection; it should not be ambiguous; it should not contain the answer; it should be within the experience of the student.

After studying a good many sets of questions given by boards of examiners, I would like to take up these and a few other points more fully. It has been interesting to note the marked variation in the type of question given, and in the difficulty of the papers.

Duplicate questions in the same paper are undesirable, e.g., 1. Give rules for maintaining health. 2. What is the importance of baths? Such questions involve repetition, and are of little value.

Questions should be relevant to the subject in hand. I have found many departures from this rule, perhaps the most striking being the following: Can you think of a helpful verse or quotation for nurse or patient from the Bible?

It is difficult to understand the value of a question as irrelevant and indefinite as that; moreover, in putting a question the examiner should know what she wants as an answer; it should be quite clearly defined in her own mind, and I hardly think that possible with the above.

Questions should be appropriate to the knowledge and capacity of the student. It is not the place for those distinctly medical in character.

Care should be exercised in the phrasing to avoid ambiguity and the use of poor English.

Questions that have been used from year to year, thereby enabling the students to be coached on these particular lines, and those that are too simple, should be avoided. They are no real test of a student's ability or knowledge, causing the examination to fail in its purpose.

A paper should not be made up of simple memory questions, or those that may be answered by yes or no. Anatomy is a subject in which you

are particularly likely to find only memory questions. A certain proportion may surely be permitted, but there should be some involving thought on the part of the student. It is not uncommon to find an entire paper made up of questions such as these: Name the bones of the upper extremity. Name the muscles of the upper extremity. What is the chief respiratory muscle? Name the constituents of the intestinal juice. Change of form is often all that is needed, e.g., Trace the process of digestion for a grain of rice. In a severe fracture of the humerus what structures are likely to be injured?

Catch questions should be rigidly avoided, for they serve no real purpose and are confusing; while those that are too wide in their scope are discouraging. Time is limited and the student is conscious that she can only handle them in a superficial manner.

Comparative questions are sometimes good, though care is needed in the selection of things for comparison, that they may be educative and rightly belong together.

Questions should be valued according to their relative importance, and such value indicated, that the student may divide her attention according to their worth.

Our boards of examiners have a very distinct responsibility to their own State associations, which look to them to raise the educational standard and help the schools in those States to make real progress. They also have a responsibility to the organizations in other States. The board that does not aid progress, impedes it. It is most desirable to approach uniform standards as early as may be. We may then hope to see more reciprocity clauses in our laws.

The public, which is rapidly being educated in matters pertaining to health, also judges the profession, to a certain extent, by the examination questions. It is not uncommon to hear a progressive member of the laity say that she could answer most of those questions, she wonders what nurses have been studying for, such remarks often being brought forth by undue simplicity of form, or the same question being found so frequently that it has become familiar.

In view of the increasingly important place that the nurse must take in the great movement of health education, it is important not to neglect any detail which may enhance the respect with which the profession is viewed by the public at large.

*Written for the eighteenth annual convention of the American Nurses' Association (board of examiners session).

†Reprinted from *The American Journal of Nursing*, November, 1915.

REPORT OF CASES.

By FITZRANDOLPH WINSLOW, M.D.,
Baraboo, Wis.,
Class of 1906.

Thinking that possibly the histories and the final results obtained in two of my cases might be of interest to the profession because of the fact that they were operated upon by one who had never seen such extensive resections, and with the aid of one assistant and an instrument nurse, in a small and in no way elaborately equipped hospital, I take the liberty to bring to your attention the following cases, hoping that they will encourage other young surgeons similarly placed to adventure upon what seemed to me a formidable procedure:

H. E., male; single; 22 years of age; no occupation; of Baraboo, Wis.; gave the following history: Had always been a victim to bad health, without having any special diseases until age of 15 years, when he developed convulsions, which subsequently were found to be due to a tapeworm, as was proved by the elimination of the parasite and simultaneous cessation of the spasms. In 1912 he was operated upon at the Mayo Clinic for an acute appendicitis; no drainage instituted. From that period until September, 1914, he suffered with great frequency with headaches and distress over the cecum, and later also tenderness over the gall bladder. In September, 1914, the writer drained his gall bladder, as febrile symptoms accompanied the pain and tenderness; also inspected cecum and found a trifling amount of adhesions. The hypochondriac pain was relieved, but the cecal discomfort persisted. The temperature and pulse while in the hospital became normal, as the diet was restricted. Seen constantly from that time until February 18, 1915, patient became my *bête noir*, as I was reluctant to open him again, having heard from various sources "that he was always a complainer" and medication seemed of no avail. However, his temperature varied from 99 to 100 degrees, pulse 90 to 110, practically constantly every afternoon. Meanwhile I had removed his tonsils, as he had been subject to attacks of tonsillitis with great regularity each winter for a considerable period. This relieved the sore throats, but had no effect on the pulse and temperature. Headaches and constant constipation, requiring heavy doses of physic, had

been present ever since the appendectomy, and finally this became so obstinate that one ounce cascara four times daily, supplemented by phenolax, salts, castor oil, etc., was frequently taken without any result, and had to be aided by enemas. Russian oil was tried and discarded as non-efficacious, so patient came to operation February 20, 1915.

Large intestine was removed as far as splenic flexure; also terminal portion of ileum to proximal side of an existing Meckel's diverticulum and an end to end anastomosis with an oblong Murphy's button which was fastened in with a plain catgut suture and reinforced with a silk serous continuous suture. Button was passed on seventh day. Patient left hospital in 10 days, walking, with primary wound union. Seen November 20, 1915. Bowels moving regularly two to three times daily without physic; pulse and temperature normal; steady employment; headaches vanished; gain of 22 pounds. Medical services required once for a diarrhea of one day's duration since last operation.

Case 2. L. S., male; 46; farmer and carpenter; Reedsburg, Wis. Nothing interesting in his history except constipated habit mentioned until July, 1907, when he fell 20 feet from a barn, a companion landing on his abdomen. No serious trouble noted at the time. In March, 1908, a clean appendectomy performed for mild attack of appendicitis. In 1909 skull fractured by falling tree. A depressed fracture was elevated by Dr. Bevan of Chicago. Recovery in three weeks. In 1912 abdomen opened and adhesions freed about gall bladder. During 1914 I saw patient in Reedsburg Sanitarium, but noted the scars and advised that a bismuth meal be given, which, however, was not carried out. Patient's countenance and actions indicated a condition of profound discouragement and melancholia. Neurasthenic symptoms predominated. Constipation was marked, periods of 10 days without stool being recounted; also excessive headaches, which precluded the ability to attend to his duties. Cathartics employed regularly, with unsatisfactory results; weight, 140 pounds.

Operation at Sanitarium in September, 1915.

Resection of large intestine as far as one-half of transverse colon. End to side anastomosis. As safety valve in case of serious distention severed end of colon was sutured with catgut, which was brought out and fastened into abdominal wound, so that bowel could get rid of flatus by

withdrawing the suture, if necessary. Previously one-half of the button was thrown into the colon and sufficiently far from the sutured end a small nick was made and the button forced through the intestine, thus not requiring to be sutured in. The segment in the ileum was held in place by a catgut suture and reinforced with peritoneal silk suture. Convalescence uneventful; primary union; 12 days in bed. Button passed before expiration of this period.

Patient seen November 20, 1915. Now weighs 173 pounds. Taking no medicine of any kind. Bowels move daily. Neurasthenic symptoms practically eliminated. Quoting his own words to my query respecting his health: "I would not be here (i. e., above ground) if I were not better."

BOOK REVIEWS

INTERNATIONAL CLINICS. Edited by Henry W. Cattell, A.M., M.D., Philadelphia. Volume IV. Twenty-fourth Series. 1914. Philadelphia and London: J. B. Lippincott Company. \$2.00.

One hears and sees so much in the daily press these days of accounts of the twilight sleep in obstetrical cases. It is, therefore, indeed opportunity to have an authoritative article on this subject from Daniel Longaker, M.D., of Philadelphia, obstetrician to the Jewish Maternity Hospital. As the subject is demanding so much attention, we will quote liberally from his article. Like the author, we fear the overpublicity of this method of securing painless labor will be so exploited that it will fall into disfavor. Morphine and scopolamine and morphine and hyoscine have been employed to induce unconsciousness for surgical operations long ere these combinations were thought of for obstetrical practices. When first introduced for the first-named purpose they were wildly proclaimed as the coming method for rendering a patient insensible to pain during operation. Their use was declared to be without danger to the patient, but did such prove to be the case? By no means, so that today they are practically never used in surgical operations. Undoubtedly there are instances suitable to their employment. We fear the same hysteria is grasping the public and the profession concerning their use in child-birth. A reaction is sure to come, and when it does, it is liable under the present cir-

cumstances to be as pronounced as that in operations. It is not a unique experience to be called to a patient for an operative delivery when the immediate results for both infant and mother are infinitely better served by delay. The one supreme element to overcome many a case of dystocia is time. But to secure this necessary time in the face of personal, family and sometimes community hysteria is no easy matter. Attending physician and even consultant often yield unwisely to the demands of the patient and friends, and thus an attempted early operative delivery ends either in failure, in serious or even fatal injury to the child, and in physical trauma to the woman herself. A delay of four, six, eight or more hours, as a rule, converts such apparently difficult cases into the simplest possible, from a mechanical point of view—the question of high forceps operation becoming the easiest low forceps, feasible even in the hands of the tyro. The author then goes into the technic, causes of failure, and dangers of drug narcosis in labor. The article is, while conservative, a fair presentation of the subject. Besides this article there are a number of others on burning topics of the day.

The merged Medical Society of the University of Maryland and College of Physicians and Surgeons held its regular monthly meeting Tuesday, November 16, at 8.30 P. M., in Chemical Hall. The following was the program:

1. (a) "X-ray Demonstration of Alveolar and Sinus Infections," Dr. Henry Chandless; (b) "Metastatic Chronic Inflammatory Conditions, Secondary to Portal Infections," Dr. Gordon Wilson.
2. "The Laboratory Side of Gynecology" (lantern demonstration), Dr. William S. Gardner.
3. "Report of a Case of Exstrophy of the Bladder, with the Subsequent History for Thirty Years" (lantern slides), Dr. Randolph Winslow.

The December meeting will be held in the amphitheater of the College of Physicians and Surgeons on December 21.

The estate of the late Dr. Edmund C. Rivers, who was drowned on October 24, 1915, in Barr Lake, near Denver, Colo., is estimated at \$170,000. In a will made shortly before his death, he left it all to his sister, Miss Lilly L. Rivers, of Baltimore.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, DECEMBER 15, 1915.

THE SESSION OF 1915-1916.

The 109th annual session of the Medical School of the University of Maryland opened on October 1 under materially changed conditions. Since the close of the last session a merger has been effected with the College of Physicians and Surgeons, and the two institutions have united their resources and faculties to form one strong medical school. By this merger and the one effected two years ago with the Baltimore Medical College the consolidated school has acquired almost unlimited clinical facilities as well as ample laboratory accommodations. It has also secured a large corps of able and enthusiastic teachers, many of them men of national and international reputation. The senior and junior classes are very large, but the sophomore and freshmen classes are rather small. This is due to the increased entrance requirements that went into effect last year, which prospective students have not yet been able to measure up to in the usual numbers. In order to make the best use of the facilities of both schools, the courses have been arranged as follows: The work of the freshman year is done at the College of Physicians and Surgeons; the sophomore work at the University of Maryland. The junior and senior classes are entitled to attend either school, which means that the former students of the University continue to attend at Greene and Lombard streets, while those of the College remain at Calvert street. This is a very satisfactory arrangement, as the number of students in the senior class is too great to be properly instructed at one place. We miss sadly the familiar faces of several who were with us

last year, and who have since crossed the Great Divide—Coale, Streett and Spruill. In place of Dr. Coale, Dr. Lockwood has been made dean, while Dr. Streett's seat in the faculty has been filled by Dr. Jas. M. H. Rowland and Dr. Spruill's operative surgery courses have been assigned to Dr. Fred Rankin. The gaps in our ranks have, therefore, been closed, and we can continue to advance with an unbroken front.

There have been many very advantageous changes made in the administrative methods of the school as well as in the appearance and arrangement of the dean's offices. Caleb Winslow, M.A., a trained educator, has been made registrar, and gives his whole time to the work.

Academic Day was celebrated very pleasantly on November 11 at Westminster Presbyterian Church, the first address being made by Hon. Albert C. Ritchie, a member of the law faculty and Attorney-General-Elect of Maryland, whose subject was "Lest We Forget."

The second address was made by Prof. S. S. Handy of St. John's College on "The College Man as a Leader." Both of these addresses were crude and eloquent, and were very much appreciated.

A departure from our usual custom was the formal opening of the Medical School early in October, to which a large number of guests were invited, and at which addresses were made by Profs. Randolph Winslow, Ridgely B. Warfield and Harry Friedenwald.

The Medical Society has held its first meeting of the session, under the presidency of Dr. Albert H. Carroll, which was very largely attended by physicians and students.

We think the session has opened auspiciously, and that we have every reason to be optimistic in regard to the future of the school. Let every one put his shoulder to the wheel and push. We do not need destructive criticism; we stand badly in need of constructive aid.

THE PATHOLOGICAL ENDOWMENT FUND.

This fund, like the snail, does not progress very rapidly. During November we have only received one contribution, viz.:

Dr. John D. Fiske, class of 1875. \$25 00

THE DAVID STREETT MEMORIAL SCHOLARSHIP

The following contributions to this scholarship have been received since our last issue:

Arminius C. Pole.....	\$25 00
Harry Friedenwald.....	20 00
Wm. Simon.....	10 00
G. Milton Linthicum.....	10 00
S. A. Chapman, Springfield, Vt.....	1 00
C. H. Hazen, Springfield, Vt.....	1 00
Charles E. Brack.....	5 00

\$72 00

ITEMS

In the October 23, 1915, issue of *The Lancet*, London, England, W. W. Linington, F.R.C.S., Eng., Surgeon Royal Victoria Hospital, Folkestone, in an article on "Traumatic Asphyxia," says: "There are comparatively few cases of this trouble to be found in medical literature. Randolph Winslow, *Medical News*, 1905, gives a case with fracture of ribs in which pulmonary symptoms were in evidence. The man was crushed between the elevator and the roof of a well, being in a sitting posture. The discoloration was limited by the collarbone, *i. e.*, at the level of the cricoid cartilage."

Since graduating Professor Winslow has always been indefatigable in recording rare and interesting conditions which have fallen under his observation. It is, therefore, with much pleasure that THE BULLETIN observes mention of this case in the above article, as it is an evidence that Professor Winslow's writings are praiseworthy and a distinct addition to medical literature.

The question of admitting women to the Medical School of the University of Maryland is now agitating officials of that institution, and, according to some of them, the day of women medical students is not far away. A number of applicants have been heard from this session, and at least some of these would have been enrolled if the faculty had seen fit to open the school to women.

Since the Woman's Medical College went out of existence there has been an increasing demand in Baltimore for a medical school for the training of women as general practitioners.

Women are admitted to Johns Hopkins, but they usually become teachers or investigators, and the requirement of a college degree at that institution excludes large numbers. The University of Maryland requires one year of college work in addition to a high school course.

Recent women applicants hailed mostly from the Middle West and Canada. An alumnus of the Baltimore Medical College, now a part of the University of Maryland, recently wrote that he wished to enter his son and his daughter next session. Speaking of this incident, a professor of the University said:

"The fact that we have never admitted women to the Medical School is no argument why we should not do so. Other medical schools have done so, and do not find their standard of scholarship has been in any way lowered. Woman has taken her place beside man in practically all callings of life, and I see no reason why we should not follow the lead of our departments of dentistry and pharmacy by opening our doors to women students."

Since the arrival of three young and pretty "co-eds" in the freshman class of the Dental School, the medical students have been warming in favor of admitting women to their departments. Should the faculty see fit to leave the matter in the students' hands, woman's rights would, it is believed, be entirely vindicated.

The twenty-fourth annual meeting of the Association of Military Surgeons of the United States was held at the Hotel Raleigh and the Army Medical School, Washington, D. C., September 13 to 15, 1915, inclusive.

The association was welcomed to Washington by Assistant Secretary of War Henry S. Breckinridge, Commissioner Brownlow and Dr. Frank Leach, president of the Medical Society of the District of Columbia. The association devoted the greater part of its time to the scientific sessions, at which many excellent papers were read. As would be expected at this time, many of these dealt with the European War and the conditions with which the modern military surgeon must cope, and with military preparedness. Among those who presented papers were Major J. Harry Ullrich and Major Robert P. Bay of Baltimore.

The newly-elected president of the association, Surgeon-General Rupert Blue, U. S. P. H. S., is a graduate of the University of Maryland, and

the treasurer, Major J. H. Ullrich, is a graduate of the Baltimore Medical College.

Those from Maryland who attended the meeting in Washington were Major J. Harry Ullrich, Major R. P. Bay, Major H. C. Blake, Captain W. J. Coleman, Captain F. H. Vinup, Lieutenant C. P. Erkenbrack, Lieutenant H. Schoenrich and Lieutenant C. W. Rauschenbach.

Dr. and Mrs. Lewis M. Allen of Winchester, Va., are spending some time in Washington. They are stopping at the Shoreham. Dr. Allen has also been in Baltimore, and visited the University Hospital.

Dr. Walter L. Richards, class of 1914, is located at Arlington, Md.

Dr. Moses Raskin, class of 1915, is located at 517 37th street, Savannah, Ga. He was formerly an intern at the University Hospital.

Dr. A. L. Portuondo, class of 1915, is located at Santiago, Cuba.

Dr. Hiram Woods, class of 1882 (Princeton University, '79), was one of the 58 members of President Wilson's class, who were his guests at a class dinner at the White House, November 30. "Old Nassau" and other college songs were sung, to the accompaniment of the Marine Band, and the President joined in the singing. Stories of college days were retold, and a number of toasts were drunk. The affair was as informal as possible—all the pomp and dignity usually attending White House functions were absent.

The dinner was served at a horseshoe-shaped table in the State dining-room. Banks of yellow chrysanthemums were used as table decorations, and with the black evening suits of the men gave the desired effect of black and yellow, the Princeton colors.

The President sat at the curve of the table and proposed many toasts to his old alma mater and his former classmates. They in turn proposed toasts to him and his fiancée, and expressed wishes for their future happiness.

The Red Room was decorated in Princeton colors and yellow chrysanthemums, and after

dinner the President and his guests "told tales" there.

"Loyalty" is the motto of the class, according to one of the members, who said they strove to aid one another as much as possible.

In response to the circular letter sent out by the Registrar, Mr. Caleb Winslow, on October 1, 1915, inviting subscriptions to establish the David Streett Memorial Scholarship, the following letters have been received, which we feel will be of interest to our readers:

New Bedford, Mass., Oct. 28, 1915.

"Mr. Caleb Winslow:

"Dear Sir—Enclosed please find check for \$5 for the Dr. Streett Memorial Scholarship. Dr. Streett to me was a very dear friend, and I knew what interest he had in his poor patients, for I had him on typhoid fever as intern at the hospital and I know how hard he worked for their lives. I wish I was so fixed at present so that I could make it \$500 instead of \$5.

"Truly yours,

"JOHN M. SALLES, M.D."

Winsted, Conn., Oct. 29, 1915.

"Caleb Winslow, M.A.,

"care University of Maryland,

"Baltimore, Md.:

"Dear Doctor—I am in receipt of your letter in regard to honoring the memory of the late Prof. David Streett. I think the Memorial Scholarship is the proper thing, and it meets with my approval. Enclosed find a check for the amount of \$10. Wishing you success in this project, I remain,

"Very truly yours,

"JOS. D. HARTNETT."

Springfield, Vt., Nov. 12, 1915.

"Caleb Winslow,

"Baltimore, Md.:

"Dear Sir—In answer to a letter about a scholarship if it pleased us, I am enclosing \$2, one for Dr. B. A. Chapman, B. M. C., '96, and one for myself, money to be returned to me if not used for that purpose. Kindly keep us posted as to the events at the University.

"Very truly,

"C. HAMILTON HAZEN,

"B. M. C., '01."

New York, Nov. 13, 1915.

"Caleb Winslow, Esq.,

"Baltimore, Md.:

"Dear Sir—Enclosed please find check for \$5, which is my contribution to the fund for the contemplated scholarship as a memorial in honor of the late Dr. David Streett.

"Very truly yours,

"LOUIS CHARGIN."

Northfield, Vt., Oct. 29, 1915.

"Caleb Winslow, Registrar,

"University of Maryland,

"Faculty of Physic:

"Dear Sir—Your letter of October 1 asking for subscriptions to the memorial scholarship of Prof. David Streett received.

"I am heartily in sympathy with the movement. In your letter you did not state what the total subscription would foot up in order to establish the scholarship.

"Neither did you state what would be necessary from each living graduate. Enclosed you will find check for \$10. If you fail to get sufficient returns from your first call, let me know and I will give more.

"Respectfully,

"J. H. JUDKINS."

This is the way Dr. John L. Messmore, class of 1909, feels towards the BULLETIN:

"Masontown, Pa., Oct. 25, 1915.

"Dr. Nathan R. Winslow,

"Baltimore, Md.:

"Dear Sir—Enclosed please find check for two dollars (\$2) for two years' subscription to the HOSPITAL BULLETIN.

"Will not say *could* not, but will say *do* not like to get along without it.

"Yours, etc.,

"JOHN L. MESSMORE."

Dr. Kirby G. Averitt, B. M. C., class of 1893, of Cedar Creek, N. C., writes us as follows:

"Cedar Creek, N. C., Nov. 23, 1915.

"Hospital Bulletin Co.,

"Baltimore, Md.:

"Enclosed find \$1 to pay my subscription for next year.

"I find the BULLETIN very interesting and instructive, and shall continue to take it as long as I practice medicine and you publish it.

"I expect to visit the University this winter,

but am sorry that I cannot see Drs. Streett, Spruill and others who have passed over the river to rest in the celestial land.

"Very truly yours,

"K. G. AVERITT."

Prof. Randolph Winslow is in receipt of the following letter from Dr. Alberto Garcia de Quevedo, class of 1915, who is located at Cidra, Porto Rico:

"Cidra, P. R., 20 de November de 1915.

"Prof. Randolph Winslow, Baltimore, Md.:

"My Dear Professor—Many times and often I have wanted to write to you, but owing to excess of work I have not been able to find the time to do so.

"I have been studying for the State Board examinations, which I just passed, making number 4 out of 26 men who took them. I feel as though I ought to take advantage of this opportunity to tell you how much I appreciate the privilege I had in going to the School of Medicine of the University of Maryland.

"Give my regards to Dr. Nathan Winslow and to all my friends.

"Believe me most sincerely,

"ALBERTO GARCIA DE QUEVEDO, M.D."

Dr. Faustino Sarinas, class of 1914, is located at Cavite, Philippine Islands.

Dr. S. D. Schannon, class of 1915, has located at 700 N. Fulton avenue, city.

Dr. E. J. Stewart, class of 1914, is at 60 Baltimore avenue, Cumberland, Md.

We are glad to learn that the wife of Dr. Roscoe D. McMillan, class of 1910, of Red Springs, N. C., who was operated on recently for appendicitis at the Cumberland General Hospital, Fayetteville, N. C., is making a nice convalescence. Mrs. McMillan was Miss Gertrude Annie Carrison, University Hospital Training School for Nurses, class of 1910.

Miss W. B. Hull, University Hospital Training School for Nurses, class of 1913, is located at 2301 N. Calvert street, Baltimore.

Miss Carrie E. Murray, University Hospital Training School for Nurses, class of 1914, has accepted a position at the Douglas Hospital,

Douglas, Ga. She was formerly connected with the Jefferson Hospital, Roanoke, Va.

Secretary McAdoo will recommend to President Wilson the reappointment of Surgeon-General Rupert Blue of the Public Health Service for another term of four years, beginning January 1, 1916.

Dr. Thomas Brooks, class of 1910, of Santiago, Cuba, has been spending some time in the city. He stopped at the New Howard and saw many old friends.

Surgeon James Clifford Perry, U. S. Public Health Service, class of 1885, is on duty at Ellis Island, New York, as chief medical officer. He was formerly on duty at Ancon, Canal Zone.

Major Perry L. Boyer, Medical Corps, U. S. A., class of 1899, is now on duty at Harlingen, Cameron county, Texas. He is with Field Hospital No. 5. He was formerly on duty at Madison Barracks, Sackett's Harbor, New York.

Dr. J. F. Munnerlyn, class of 1914, is located at Choppe, S. C.

Dr. Henry B. Thomas has been spending some time at the Homestead, at Hot Springs, Va., and the Greenbrier White Sulphur Springs, W. Va.

The regular fall meeting of the Maryland State Association of Graduate Nurses was held at the Church Home and Infirmary on the evening of November 11, Miss E. A. Lawler, president, in the chair. An address was given by Miss Dora Thompson, superintendent of the Army Nurse Corps, Washington. Miss E. J. Taylor, who was the delegate to the American Nurses' Association meetings, San Francisco, gave a very interesting report of the convention.

Refreshments were served and a social hour spent.

Academic Day was observed at the University of Maryland on November 11. Announcement was made by the Provost, Dr. Thomas Fell, that the University officials hope in a short time to acquire an endowment of a quarter of a million dollars at a very conservative estimate. He also added that the outlook for making the University of Maryland the recognized State university by

the next Legislature was encouraging. The event was the first since the merger of the College of Physicians and Surgeons. The three institutions now incorporated as the University of Maryland—the University proper, St. John's College and the College of Physicians and Surgeons—were represented.

We are in receipt of the following nice letter from Dr. Everett O. Taylor, class of 1911, who is located at Greelyville, S. C.:

"Greelyville, S. C., Nov. 3, 1915.

"Hospital Bulletin Co.,

"Baltimore, Md.:

"Dear Mr. Editor—Enclosed find check amount \$1 for subscription as per statement.

"Keep up the good work, as I look forward to the arrival of the BULLETIN with practically as much delight as I formerly did the arrival of a love letter previous to my becoming a 'benedict.'

"I was indeed shocked to learn of the deaths of our good friends, Drs. Spruill and Coale. And may our loss be their gain.

"Wishing you a continual success,

"I am, yours very truly,

"EVERETT O. TAYLOR, M.D."

Miss Jennie R. Garner, University Hospital Training School for Nurses, class of 1911, has been appointed superintendent of nurses of the King's Daughters' Hospital, Martinsburg, W. Va. Miss Betty Butts, class of 1913, has accepted the position as assistant superintendent.

Miss Ann G. Dukes, University Hospital Training School for Nurses, class of 1914, has resigned her position as assistant superintendent of nurses of the Cambridge Hospital, Cambridge, Md.

Miss Naomi Hellend, University Hospital Training School for Nurses, class of 1911, has resigned her position in the public health work, tuberculosis division, and will take up the infant milk work.

Misses Jane Pennewell and Laura Keffer, members of the intermediate class, who have been confined to the hospital for several days, are slowly improving.

Dr. Jacob W. Bird, class of 1907, Sandy Spring, Md., was a recent visitor to the University Hospital. He has taken on considerable

weight since leaving the Hospital as an intern, and looks a picture of health. He has been most successful in his practice, and is held in the highest esteem by the people of his neighborhood.

Another visitor to the University was Dr. James S. Billingslea, class of 1905, of Armingers, Maryland.

Dr. William J. Coleman, superintendent of the University Hospital, has returned from a trip to South Carolina and Georgia, where he attended the wedding of Dr. C. R. Anderson, class of 1908, of South Carolina.

Dr. N. G. Keirle, 1419 W. Lexington street, one of the oldest employes in the city in point of service, has been reappointed as chief medical examiner by Health Commissioner Blake.

Dr. Keirle has held the position so long he really does not remember who first appointed him. He was chief medical examiner of the city while the late Gen. Ferdinand C. Latrobe was Mayor, and reappointed during the administrations of Mayor Hooper, Mayor Malster, Mayor Hayes, Mayor McLane, Mayor Timanus, Mayor Mahool and the first administration of Mayor Preston. His reappointment recently was for second term of Mayor Preston, or four years. It is one position at the City Hall that never bothered the politicians of either party.

The following nurses of the University Hospital Training School successfully passed the examinations for State registration in the tests held by the Maryland State Board of Examiners of Nurses in October at the Medical and Chirurgical Faculty rooms: Elizabeth Blanche Beazley, Corinne Loraine Bogert, Elva May Boor, Mabel Ione Lea, Lillian Kemp McDaniel, Alphaetta Myers, Roberta Susan Pinckard, Volina M. Rutherford, Katharine Regina Zepp and Margaret J. Ervin.

Dr. John D. Blake, Physicians and Surgeons, class of 1875, Commissioner of Health, has obtained from the Board of Estimates an increased appropriation for the coming year, the increase providing for an additional tuberculosis dispensary in the northwestern section of the city, five more nurses for the department's tuberculosis division, five additional nurses for the division that

makes medical inspections of public and parochial schools, and three nurses for the division that deals with infectious diseases. The Board cut out the appropriation for a new hospital at Quarantine because the future of the station is in doubt. It may be turned over to the Federal Government at any time.

We are glad to report that Dr. Marshall B. West, class of 1901, of Catonsville, Md., who was operated on at the Maryland General Hospital for appendicitis recently, is much improved. Dr. West is health officer of the First District of Baltimore county.

MARRIAGES

Miss Mary Juliette Miles, University Hospital Training School for Nurses, class of 1912, to Dr. John Russell Perkins of Spencer, Va., at Baltimore, November 3, 1915. Dr. Perkins was formerly resident surgeon of the Baltimore Eye, Ear and Throat Charity Hospital. He will practice in Winston-Salem, N. C.

Dr. John Christopher Woodland, class of 1915, of Jessups, Md., to Miss Margaret Blanche Owings of Sparrows Point, Md., at Sparrows Point, November 17, 1915. Dr. Woodland is resident physician at the State Reformatory School at Jessups.

Dr. Philip Jenifer Bean, class of 1912, to Miss Sarah O. Goodrich, both of Jarborsville, Md., at Jarborsville, November 29, 1915. Dr. Bean was formerly connected with the Bayview Hospital.

Dr. William Anderson Gracie, class of 1910, to Miss Anna Lee White, both of Cumberland, Md., at Cumberland, November 30, 1915. Dr. Gracie is the Allegany county physician. They will live in Cumberland.

DEATHS

Dr. Buehler Shoup Boyer, class of 1911; medical examiner for the Baltimore and Ohio system at Parkersburg, W. Va., died in —

Dr. Henry McKee Tucker, class of 1899, of 128 North Blount street, Raleigh, N. C., died at the Rex Hospital, that city, after a short illness from meningitis, November 24, 1915, aged 40

years. Dr. Tucker was formerly an assistant resident surgeon at the University Hospital from 1899 to 1900.

Dr. Charles A. Hollingsworth, class of 1881; a member of the Medical and Chirurgical Faculty of Maryland; from 1881 to 1912 a practitioner and druggist of Belair, Md., and since that time postmaster of that city, died at his home, November 10, 1915, from nephritis, aged 58 years.

Dr. William H. Pruner, Physicians and Surgeons, class of 1884; a fellow of the American Medical Association, and for the last twenty-five years a practitioner of Washington county, Neb., died at his home in Kennard, Neb., October 19, 1915, from prostatic abscess complicated with multiple abscesses of the kidney, aged 60 years.

Dr. Benjamin L. Smith, class of 1859, of Madison, Md., died at his home, November 24, 1915, aged 77 years.

Dr. John A. Long, B. M. C., class of 1893, of Bowmansville, Pa., died at his home, October 8, 1915, from heart disease, aged 45 years.

Dr. Powhatan Bledsoe, class of 1860, of Wildwood, Va., died at his home, June 24, 1915, aged 87 years.

Dr. Charles Granville Stone, class of 1872; a member of the Medical Association of the District of Columbia; formerly a dentist; from 1896 to 1908 chief surgeon of the Washington Railway and Electric Company; surgeon to the Baltimore and Ohio Railway Co. Relief Association and a director of the Casualty Hospital, died in his apartment in Washington, November 11, 1915, from the effects of a nervous breakdown, aged 69 years.

Dr. Louis A. Monmonier, class of 1864, of Waverly, Baltimore, died at the home of his niece in Baltimore, October 26, 1915, from cerebral hemorrhage, aged 71 years.

Dr. Tiffin J. Shackelford, College of Physicians and Surgeons, class of 1882; a Fellow of the American Medical Association; president of the Indiana Thirteenth District Medical Association in 1913 and formerly president of the Kosciusko County Medical Society; formerly health commis-

sioner of Warsaw, Ind., and Kosciusko county, died at his home in Warsaw, November 17, 1915, from cerebral hemorrhage, aged 60 years.

Dr. William Virgil Newsom, College of Physicians and Surgeons, class of 1887; a member of the Florida Medical Association and for several years president of the Marion County Medical Association; local surgeon at Ocala, Fla., for the Seaboard Air Line Railway; visiting physician and director of the Marion County Hospital, died at his home in Ocala, November 11, 1915, aged 67 years.

Dr. William M. Bartley, Baltimore Medical College, class of 1895; a Fellow of the American Medical Association and one of the most prominent practitioners of North Dakota; coroner of Eddy county and a member of the Legislature, died at his home in Sheyenne, November 6, 1915, from diabetes, aged 46 years.

Dr. Augustus W. Crow, College of Physicians and Surgeons, class of 1875, died at his home in Livia, Ky., July 18, 1915, from tuberculosis, aged 64 years.

Dr. James G. Linthicum, class of 1859, prominent for half a century in medical and fraternal circles in Baltimore, died at his home, 1327 West Fayette street, December 7, 1915, from pneumonia, aged 81 years.

Dr. Linthicum was born on November 26, 1834, and came to Baltimore at the age of 17. In 1859 he was graduated from the Medical School of the University of Maryland, and began to practice immediately. For three terms he was a member of the City Council, representing the old Eighteenth ward and later the Nineteenth ward in the First Branch. He was a member of the Second Branch from the Fourth district during the administration of Mayor Hayes.

Dr. Linthicum was a thirty-second degree Mason, a member of the Masonic Veterans' Association of the Mystic Shrine and of the Royal Arcanum. His son, Dr. John W. Linthicum; a brother, John W. Linthicum of Frederick, and three sisters, Miss Hannah Linthicum of Washington, Mrs. Julia Watkins of Montgomery county, and Mrs. Mattie King, survive him.

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CANCER OF THE SKIN.

By T. CASPAR GILCHRIST, M.D.,

Clinical Professor of Dermatology, Johns Hopkins University; Professor of Dermatology, University of Maryland.

The keynote to the whole question of cancer is early diagnosis. If this disease were accompanied by severe pains in its earliest stages, the large majority of patients would undoubtedly be cured by modern methods of treatment. It has been said that there are three stages of the disease: (1) when the patient does not know what is going on, (2) when the family doctor is not sure of his diagnosis and in many cases does not suspect cancer, and (3) waiting to decide what to do after the diagnosis is made by the surgeon or specialist. To correct the first the public ought to be trained to seek the doctor early. To correct the second the doctors during their student course should be better trained in dermatology.

The definite diagnosis in so far as skin cancers are concerned ought to be made by the dermatologist, and not by the surgeon, because the former is familiar with other similar affections and the surgeon is not. The majority of practitioners who have come for post-graduate courses in dermatology have generally made the remark that they know less about skin diseases than about any other branch of medicine. The teaching cannot be entirely at fault, because it consists mostly of demonstrations of cases; but a good deal of the weakness of the doctor's knowledge is due to the fact that, instead of attempting to first diag-

nose the case himself, as he ought to be trained to do, the cases are described and diagnosed by the lecturer, after which the students do not examine the patients thoroughly enough to remember them. Again, enough emphasis is not laid on the frequent demonstrations of the common eruptions, including all the varieties of the early stages of cancer of the skin.

In my experience, I find that the practitioner more frequently thinks first of lupus vulgaris (tuberculosis) as a possible diagnosis of a chronic ulcer, especially of the face, whereas that disease is very uncommon as compared with the frequency of cancer or syphilis.

In commenting upon cancer of the skin, one really cannot do better than present the chief diagnostic points of the various forms of skin cancer and the other common ulcers for which it is mistaken.

I. *Cancer.* Definition. Cancer is a special new epithelial cell growth which overcomes normal resistance, has a destructive tendency and may form metastases.

Epithelioma. Term usually applied to skin cancers, of which there are two main types: (a) squamous cell, (b) basal cell or rodent. Epithelioma is frequent in middle or old age; usually single lesion; begins in scaly spot, excoriation, fissure, nodule, wart or mole; frequently result of chronic irritation.

(a) *Squamous cell type*—more malignant variety. Often begins as a pinkish or white skin nodule, growing upward and downward; has an elevated, indurated border; has slight viscid discharge streaked with blood (because bleeds

easily); surface nearly always crusted and underneath crust, like coarse granulation tissue; new growth more than ulceration when near surface; slow growth and finally often leads to enlargement of nearest glands; situated usually about eyelids, nose or lips; in early stages no pain, later painful.

On Lip. Any persistent localized thickening or abrasion or fissure of several months' duration is very suspicious of epithelioma. Later lesion consists of raised, irregular, indurated growth with coarsely granular and crusted surface; bleeds easily; nearest glands frequently enlarged; microscopically shows pearl nests, which are absent in rodent ulcer.

(b) *Rodent Ulcer* (basal cell). Usually situated about temple, eyelids and nose; superficial; shows very little new growth; apparently healing, then breaking down again; spreads very slowly, with little or no elevated edge; in some stages narrow, pearly-white, roll-like border; ulceration may last years; no glandular enlargement; when invades eye socket, can destroy whole eye; practically painless.

Non-ulcerative Form of Rodent. Has a firm, slightly raised, rolled edge with scarlike atrophic center; very chronic and very slow-growing; section from margin reveals nature of growth.

Treatment. Radium, X-rays, excision when feasible.

II. *Syphilitic Ulcers.* (a) *Primary.* When extragenital is most frequent on lip; more often in early adult life; rapid growth; short duration (little tendency to active ulceration); markedly infiltrated; nearest glands soon become very much enlarged; later other symptoms of generalized lues become visible; presence of spirochaeta pallida clinches diagnosis.

(b) *Late Secondary or Tertiary.* In middle or late life; frequently on face; two types—(1) nodular; one or more pea-sized and larger superficial ulcers in groups; spreads with serpiginous outline; punched out; raw-ham color; soft scarring; indurated. (2) Gummatous; deep; single; markedly punched out; indurated; necrotic base; discharges freely; bad odor; bone may be involved; painful at night; often superficially punched-out soft scars elsewhere; history of lues.

III. *Lupus Vulgaris.* Commonest form of tuberculosis of skin; rare in United States; begins in early life, rarely after 20 years; peculiar yellowish, large pinhead sized, red, infiltrated

macules, points or nodules of soft consistence (probe easily pushed in); most frequent situation on face; very slow course; very chronic; ulcers shallow; scanty discharge; no serpiginous outline; bone rarely involved; scar often dense, thick and tough; often tuberculous history; pressing on margin with glass slide will show presence of pinhead-sized brownish areas; microscopic sections show tubercles in skin.

IV. *Blastomycosis.* Begins as pustule or papulo-pustule; later becomes papillomatous with miliary abscesses around the margin; may spread rapidly; raised, rather soft growth with pus exuding on pressure from between papillae; auto-inoculable; often see more than one lesion present; often healing with soft scars. Microscopic examination of pus soaked in liquor potassae will reveal presence of budding doubly-contoured bodies about the size, and larger, of a red blood cell.

V. *Varicose Ulcers.* Usually on lower third of leg; superficial; irregular in shape according to age; callous edge; surrounded by eczematous, deeply-reddened skin; less pains at night; marked varicose veins.

VI. *Staphylococci Ulcers. Infected.* Those not due to above causes; follow bad or neglected treatment or secondary infection of eczema, excoriations, slight wounds, vaccination, pustules, infected granulation, etc.; usually superficial; irregular; painful.

Epithelioma of the Tongue. Usually hypertrophic; no ulceration in early stage; follows leukoplakia, syphilis or dental ulcer; as mamillated tumor; irregular; larger at base than apex; surface more villous than normal; later ulcer on deeply ill-defined nodule; everted border; bloody discharge; most frequent on anterior half and edges of tongue; aged 40 to 60 years; glands enlarged; painful salivation.

Treatment. Excision, radium, X-rays.

If the practitioner is in doubt about the ulcer being syphilitic or malignant, the Wassermann test or internal antisyphilitic treatment will frequently help to clear up the diagnosis. While in doubt about the diagnosis, leave the ulcer alone, or prescribe boric ointment or other mild antiseptic applications. *Do not on any account use silver nitrate or other caustics*, because these usually stimulate the disease, and I have seen many cases become very malignant and grow rapidly after such unskillful applications.

FREQUENCY OF CANCER.

In the last 20 years' experience I have come to the conclusion that cancer of the skin has not noticeably increased in frequency, but the efficiency of diagnosis has improved so much that the disease only appears to be more frequent.

Treatment. This varies according to the stage and position of the cancer. During the last six years I have obtained very successful results with the application of radium, especially when the cancer has attacked the lower eyelid, inner or outer canthus of the eye, various parts of the nose or other parts of the face. The resultant scar is hardly noticeable, the application painless, and with proper screening of the radium no unnecessary reaction is produced. All forms of rodent ulcer can undoubtedly be successfully treated with radium. I have had 16 years' experience with the use of X-rays in the treatment of skin cancers, and have seen very many cures, the most appropriate cases again being those of the rodent ulcer type.

The use of the Coolidge tube has simplified the treatment of malignant growths by increased doses of screened X-rays, which need only be given a few times.

Complete excision of small growths in appropriate places is also good treatment, but surgical procedure is not the proper treatment in beginning epitheliomata of the eyelids and various parts of the nose.

It is now a moot question whether excision, X-rays or radium is the best treatment for early cancers of the lip. Speaking generally, treatment by X-rays in skilled hands has given as good results as surgical procedure, which has the disadvantage of causing much disfigurement. Radium, which is now being given in more intense doses and screened, is now producing excellent results. I have treated numbers of very persistent lesions of lips and tongue, which one could not definitely decide whether they were cancerous or not, but may have been precancerous lesions, with radium with marked success.

SOME FACTS WHICH THE PUBLIC OUGHT TO KNOW.

The main facts to remember about skin cancer are the following:

Cancer of the skin in its very early stage can usually be cured by appropriate modern treatment.

Fifty per cent. of all forms of cancer of various

parts of the body usually come to the surgeon or specialist too late. The early stage of cancer is unaccompanied by pain, hence the reason why patient does not seek the doctor or specialist early. The best advice should always be sought.

All ulcers or growths or tumors of the skin are not necessarily cancerous, and the treatment varies according to the diagnosis.

When there is on the lip, especially the lower one, any persistent local thickening or superficial sore or fissure or crack of several months' duration, then it is suspicious of the early stage of cancer. It is very dangerous to irritate such a place by sucking or picking or putting any kind of caustic or paste on, because usually such treatment causes the disease to grow much faster and form "roots," as the public call them.

See the doctor or specialist and find out what is the best mode of treatment for your case.

Another kind of skin cancer begins as a small mole-like pimple which gradually increases in size: is firm and is more dangerous when it is colored (brownish or blackish); later it bleeds easily, especially when scratched or pinched. It appears to heal, but after a while breaks down again and grows gradually. Soon it begins to have "roots," as lay people call them, which means that the nearest glands become diseased. This can be cured when recognized in its early stage before it has "roots." Another kind of skin cancer begins even more innocently, as in its very early stage it is like a persistent scaly spot, or as if the surface skin had been rubbed off (excoriation), or as a chronic crack, or like a wart or mole. The patient thinks nothing of this, because it looks so innocent, does not hurt at all and now and again it seems to heal and then break out. Such a cancer when near the eye can eat the whole eye out. In fact, if left alone, can destroy both the nose and eyes or attack the ears.

Ordinary moles, whether white or colored, and especially the latter, are becoming decidedly dangerous when they begin to increase in size or get irritated. Generally speaking, when moles are situated in areas which are subject to friction, then they ought to be removed.

So the advice to the public is to seek the doctor or specialist in the early stage of the disease, because the expense of treatment is then very much less and there is a much greater chance of being cured.

MENTAL DEFECTIVES AT NAVAL DIS-
CIPLINARY BARRACKS, PORT
ROYAL, S. C.*

By H. E. JENKINS, Class of 1905,
Passed Assistant Surgeon, United States Navy.

During the past several years a great deal of medical attention has been given to feeble-mindedness, and there still remain many unsolved problems. It is a subject of paramount importance and one worthy of great consideration. When we think of the increase of the above class in this country, which is growing greater every year, the time cannot be far distant when it will be necessary to put into force an effective remedy which will not only check this increase, but in time abolish the condition entirely. At the present time there are many more persons under treatment in the asylums and hospitals of this country for mental conditions than there are students in the colleges, universities and professional schools. Dr. William Noyes of Massachusetts reports that there are 7839 feeble-minded in that State, of whom 2587 are in institutions; and Dr. E. E. Southard, director of the Psychopathic Hospital, Boston, says "the problem of the feeble-minded is the largest single practical problem before Massachusetts at the present day." The report of the committee of visitors of the State Charities of New York states that there are 32,000 feeble-minded persons in that State. Of these, 4900 are provided for in institutions especially designed for their care, and 4500 in other institutions, leaving at large 22,600. The Royal Commission of Great Britain of 1904 reports 12,120 cases of amentia in that country, and a later investigation shows a great increase over the above figures. What is true regarding the number of feeble-minded in Massachusetts and New York is also true in the other States in proportion to the population. The subject is one worthy of serious reflection on account of the large increase of feeble-minded persons in this country.

A number of measures have been advocated for the elimination of feeble-mindedness in this country, among which may be enumerated the restriction of marriage, sterilization and segregation. The problem which this class of cases pre-

sents would not be a difficult one if the condition was not transmitted through heredity. However, the Mendelian theory has not been generally accepted. Rosanoff and Orr, after investigating a large number of mental cases in the light of the Mendelian theory, say: "Actual cases, which were not specially selected, were found to follow the various rules of theoretical expectation with quite as much exactness as could be expected, considering the numerous sources of error." It is generally conceded that a union of a mental defective with the same or a healthy strain frequently gives rise to the same defect in the offspring. It is rather remarkable and surprising with what rapidity the mentally deficient multiply in proportion to normal individuals. An example of this class is seen in the Kallikak family as reported by Goddard, consequently it has been suggested that the problem may be solved by not allowing those suffering with amentia to marry. One of the principal objections against such a law would be the enormous increase in illegitimate children, and it would be almost impossible to regulate this unless the cases were segregated. At times feeble-mindedness may result from a perfectly healthy union of individuals in whom there has been no strain of amentia. This is due to some influence which occurred during the embryonic state of the child, and it would be impossible to control this class of marriages by law. While the restriction of the mentally defective from marriage would eliminate nearly all cases of feeble-mindedness, it is believed that the idea is rather Utopian than practical.

The removal of the reproductive glands from those with deficient mentality as a means of obliterating this condition is a subject which has called forth considerable discussion. In several States this is a law, but it has not been enforced to any extent. There are three methods of sterilization: first, the removal of the ovaries or testes; secondly, ligation of the vas deferens or fallopian tubes, and thirdly, roentgenization. All of these are efficient. Peters, of the Vineland Training School, advocates the last over the other two forms. He claims that the ovaries and testes are not only reproductive glands, but that they have also an internal secretion which is destroyed by castration and vasectomy. Also that the use of the roentgen ray does not involve any surgical procedure, causes very little destruction of tissue and that it is efficient. Sterilization has not

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met with much favor, as there are other means which approach a nearer solution of the problem.

Another method of eliminating the mentally defective from society is by segregation. It is the universal opinion of all authorities on this subject that it is most desirable to prevent reproduction of the unfit, also that they should receive proper attention and care. By placing the feeble-minded in institutions designed and used for them alone, the question of offspring will be under control. The great objection to segregation comes from the average citizen, who does not give serious thought to the subject. He cannot understand why some mentally weak member of his family should be a menace to society and placed under the control of a board of charities. Neither can he see the benefit to the State and posterity in expending large sums for maintaining institutions for such persons. In order that segregation may be successful, it should be under a State commission appointed for that purpose, this commission to have full jurisdiction in handling the cases and administering the affairs of the institutions. The State should provide proper buildings to be used for this purpose alone. It is true that the cost at first would be great, but the institutions could be placed upon a self-supporting basis. Then again the individuals under such control would gradually diminish in number on account of death. Prof. E. R. Johnstone of the Vineland School has devised a practical plan for caring for these cases in New Jersey, which is as follows: (1) All feeble-minded children under the age of puberty should be sent to special classes in the public schools. During this time the parents bear all expenses. (2) In the large cities of the State a special institution should be established to care for those between the ages of 12 and 20. Here the expenses must be borne by the municipality, the parents contributing what they are able. (3) Those over 21 should be cared for at a State institution. (4) All idiotic cases should be sent to the State institution or the county almshouse. This plan could be carried out in any other State just as well as in New Jersey. To the writer, segregation seems the most practical solution of the problem, and is much more feasible than either sterilization or restriction of marriage.

A source of great increase among the mental defectives of this country is from immigration. During 1912 there were 216,141 babies born in

New York, and 239,275 immigrants reached Ellis Island. The foreign-born mother is very prolific; in fact, it has been shown that she is twice as much so as the native-born mother of this country. The present immigration law is inadequate from a mental standpoint, as it does not provide for a sufficiently thorough examination of all immigrants. The cost involving such an examination would doubtless be large, but the saving in rejection of the unfit would more than compensate for the maintenance of such an examination. Many of the States would no doubt be more than willing to provide for such means in order to decrease the vast sums they are spending to support the alien mental defective. The exclusion of this class is of great importance to society, and should receive attention from the legislators. Segregation and rejection of all aliens unfit is the ideal method of elimination in this country.

Insanity and feeble-mindedness are frequently used as synonymous terms, while, as a matter of fact, they are entirely different. Tredgold, the eminent English authority, defines *amentia* as "a state of mental defect from birth or from an early age, due to incomplete cerebral development, in consequence of which the person affected is unable to perform his duties as a member of society in the position of life to which he was born." The condition is classified as follows:

1. Moron: High, medium and low grade.
2. Imbecile: High, medium and low grade.
3. Idiot: High, medium and low grade.

It must be understood that there is no distinct line of demarcation between these various divisions, as one may frequently run into the other. The imbecile and idiot do not present any great difficulties in recognizing them, but such is not true with the moron. The latter class, especially the high-grade moron, frequently pass detection unless observed and examined thoroughly, inasmuch as they resemble the normal individual very closely. The mental defective lacks the self-respect, the conscience and the will power of the normal. He is weak-willed, and of an irresponsible type, usually friendly, and when under careful supervision will do well, but when left to his own resources is a constant menace to himself and others. In the hands of the unscrupulous he is at their mercy, and is easily led into anything. Suggestion acts as an impetus for the consummation of an act. While all criminal acts

are not committed by the mental defective, they are responsible for a large number of them. Decreased resistance to disease is practically the rule with this class of cases. Dr. M. G. Schlapp, director of the Clearing House for Mental Defectives, in speaking of this condition, says: "Practically without exception there is in every case a history of incorrigibility, misery and waywardness, extending sometimes over 10 or 15 years."

Feeble-mindedness is of especial interest to the medical officer, as such individuals frequently apply for admission into a military service. This can be readily understood on account of the gradually increasing mental standard in society which is necessary for personal maintenance. Persons with amentia are unable to enter into such a competition, and as the status of efficiency in the different walks of life is gradually raised, so also will the number applying for entrance into the service be increased. However, entry into such a service does not offer a safe haven, as their trials are increased and their offenses numerous. A military service is not a reformatory, neither is it an institution for the protection of the feeble-minded. Among those applying for enlistment are a large number of young men who have never been away from home influences, and consequently when they are admitted into the service are for the first time thrown upon their own resources. It is rather pathetic for one with this condition to have gained entrance into the service; the restraining influences of home having been removed, he cannot protect himself from the unscrupulous. Then again such persons are unable to accustom themselves to their environment, which is frequently changing. They have very little regard for discipline, not realizing that such a thing is absolutely necessary for an efficient military organization. From their comrades they receive considerable ridicule, and as a result are greatly depressed. They are easily irritated, misinterpret orders, and are very intolerant to alcohol. The latter is especially seen in the young recruit who is easily led by his older associates. From the economic standpoint, as well as efficiency, no service desires such persons. They are a continual source of annoyance to their superiors, cannot be trusted in performing duties where any ordinary ability is to be used, and are absolutely misfits.

It was formerly believed that the basis of crime

was due to faulty environment. Consequently measures were taken to correct this condition as far as possible, but there was not sufficient decrease when it was accomplished to justify the above assertion. Now we are tending toward the idea that there is some mental defect in the vast majority of criminals, and this is being borne out by examinations made upon offenders before the criminal courts. Among this class are found a large number of feeble-minded. These examinations are in the form of mental tests; they are not puzzles, but conducted along scientific lines, and will demonstrate the class under consideration, no matter where found. The Binet-Simon scale has had many revisions since first reported, in order to meet the different environments of those examined. After being on duty for two months at the naval disciplinary barracks, Port Royal, S. C., the writer decided to make an investigation of the men confined there to ascertain the number of mental defectives. For this purpose a modification of the Binet scale as proposed by A. R. Schier, acting assistant surgeon, United States Navy, was used. These tests were completed early in 1914, when 7 were found unfit out of 100 examined. The following observations were also made: Those failing had attended school, on the average, for five years; they had only been in the naval service a little over four months when they committed the offenses for which they were being punished; the average age was 24 years, and their service records showed they were constantly in trouble. Another series of tests has just been completed at the same barracks; they were selected with a view of not eliminating capable men. It is said by some that the Binet method demonstrates lack of education rather than deficient intellect, and consequently by its use many desirable men would be rejected. This is not true, as tests are being used at the present time to detect feeble-mindedness among illiterates. It is a recognized fact that an individual who has received an education is much more qualified to perform various labors than one who has not had such advantages. In the ordinary walks of life some education is necessary, and why should not this be true in a military service? Efficiency is the watchword, and surely this can be obtained better with men of education than with illiterates. Some educational standard should be adopted which can be incorporated in the tests for amentia. The applicant for enlist-

ment should at least be able to read, write, know the four rules of arithmetic, and properly interpret what is read. Of the 12 tests used in this examination, practically only 3 require education, the others depend upon attention, imagination, judgment, memory and reasoning. The following is an outline of the tests:

1. *Repetition of seven numerals.*—

(a) 2—7—4—9—3—5—8.

(b) 6—5—1—7—4—3—9.

(c) 7—2—4—8—1—5—3.

Normal adults can repeat seven disconnected numerals without any difficulty, but this is a hard problem for the feeble-minded. Memory and attention are demonstrated in this test. It is passed if one repetition is correct and not counted as a mistake if the order is reversed.

2. *Sentence building.*—The applicant is told to compose and write a sentence containing these three words: "Man," "River," "Boat."

The ability to write and construct sentences is shown in this test, and it is easy for the mental defective, unless he is an illiterate. Passed if he writes a sentence containing one idea.

3. *Definition of abstract words.*—

Justice. Honesty. Charity.

Revenge. Goodness.

The applicant is asked what he understands by the above words, and if three correct answers are given the test is passed.

4. *Drawing from memory.*—The individual is told that a card will be shown him upon which there is a drawing; he must look at it well, as he is expected to make a similar one on paper from memory. The design which is seen in figure 1 is displayed for 10 seconds, and he is told to reproduce one like it. The test is considered satisfactory if one of the figures is drawn correctly and the other about half. This problem is one of visual memory.

5. *Computation.*—

Add: (1) 18 and 17.

(2) 26 and 31.

(3) 14 and 53.

Subtract: (1) 8 from 33.

(2) 17 from 66.

(3) 23 from 97.

Multiply: (1) 4 times 8.

(2) 7 times 6.

(3) 8 times 9.

The above is oral and demonstrates the applicant's ability to do simple figuring. It is a test of education rather than one of deficient intellect, and is passed if there are only three mistakes out of the nine trials.

6. *Seguin's form-board test.*—This consists of a form board 16x22 inches in area and $1\frac{1}{2}$ inches in thickness, as is seen in figure 2. The pieces are 1 inch thick and fit into sockets which are one-half inch deep, projecting one-half inch out of the board. They should not be in the board when the applicant enters. He is told that they fit exactly, and that he must place them in as rapidly as possible. This brings out relationship of form. The normal individual can do this test in 25 seconds easily, and if more time than this is taken it is not passed.

7. *Recognition of absurdity in sentences.*—

(a) John Smith had three brothers—Henry, James and himself.

(b) The police found yesterday the body of a woman cut up into 12 pieces. They believe she killed herself.

(c) A certain signpost is said to read: "Five miles to the United States naval station. If you cannot read this sign, ask the sentry at the gate on the station, who will tell you the distance."

(d) As a number of accidents occur in the last car of railroad trains, this could be remedied by leaving off the last car.

The above is a difficult task for the feeble-minded. It is passed if there is only one mistake out of the four trials.

8. *The inkblot imagination test.*—The objects seen in figure 3 are shown the applicant, and he is asked what the different ones resemble. They do not represent anything in particular, but are designed to draw upon the imagination, which is poor in these cases. This is a hard test for them, but any sensible reply is considered satisfactory. It is passed if four of the six answers are correct.

9. *Knox's moron test.*—This is a wood frame $4\frac{1}{2} \times 4\frac{3}{4}$ inches with a wooden back, the blocks fitting easily into it. The blocks should not be in the frame when the applicant first sees it, and he should do the test several times in order to exclude the possibility of accident when placing the blocks. The test should be explained and the applicant told to put the blocks in the frame as rapidly as possible. It is passed if they are in

their correct position within one minute. This is a difficult problem for the feeble-minded. His ability to profit by previous errors and powers of reasoning are shown in this demonstration.

10. *Counting from 1 to 20 and backwards from 20 to 1.*—Counting backwards may be accomplished by subtraction from the preceding number, reverse association, and by learning numbers backwards. The first two processes involve considerable mentality, while memory is shown in the latter. If the individual fails, but can be taught, it differentiates ignorance from amentia.

11. *Imaginary situation.*—(a) Suppose there was a fire in the second story of a house and you had time to make one trip upstairs. Upon reaching there the only articles found in the nearest room were a typewriter and a mattress. One must be thrown from the window and the other carried downstairs. Which one will you carry down?

(b) Two men are shipwrecked several hundred miles from land. They saved 40 pounds of bread and 40 pounds of gold. The boat is small and they are obliged to throw either the bread or the gold overboard in order to keep the boat from sinking. Which would you keep in the boat?

(c) A railroad switch one mile from the station has been accidentally left open. The express which does not stop at this station will arrive in three minutes. What would you do under these circumstances?

Under such circumstances even normal individuals may become excited and do unexpected things. However, this test will give an idea how the applicant would act, and is passed if there is only one incorrect answer.

12. *Syllogisms.*

(a) If you were going to sweep the stairs, where would you commence?

(b) I am taller than my father, my father is taller than my brother. Who is the tallest?

(c) Two men are shipwrecked in midocean in a small boat. They managed to secure some provisions and two buckets of fresh water before leaving the ship. One bucket of water was used the first day. On the morning of the second day one of the men's clothing caught on fire while he was smoking. What would you have done if you had been his companion?

The above are read to the applicant, and an answer is required. Reasoning and constructive

imagination are poor in feeble-mindedness. This is passed if two correct answers are given.

The 12 tests were tried on 130 men, and of this number 12 were found deficient. All worked hard and seemed to be especially anxious to give a correct answer to the questions asked. The following table shows how long each individual attended school:

1 year.....	3
2 years.....	8
3 years.....	6
4 years.....	12
5 years.....	14
6 years.....	22
7 years.....	20
8 years.....	19
9 years.....	3
10 years.....	7
Through high school.....	11
In school for 30 days.....	1
Never attended school.....	4

It must be remembered that when a large number of men are examined at one time the various problems are told the others by those examined. They discuss the answers of the different problems and also have time to prepare for them. It is believed that this happened in the present examination. When possible the tests were changed from time to time, in order that the individual would not have the benefit of any outside preparation. The number of successes in each is seen in the table below:

Test.	Normals.	Feeble-minded.
1.....	108	7
2.....	118	11
3.....	108	8
4.....	94	2
5.....	102	3
6.....	117	11
7.....	102	2
8.....	111	10
9.....	90	2
10.....	118	10
11.....	114	7
12.....	107	7
	1,289	80
Average number of successes.....	10.9	6.6

From the above it will be seen that the average number of tests passed by the normal were 10.9, while the feeble-minded were only successful in 6.6. None of the normals failed in more than three problems. Upon this result it was decided that for one to be considered normal he should pass 9 out of the 12. Dr. Yerkes of the Boston Psychopathic Hospital has recently worked out a

point method of marking tests according to the difficulty involved in solving each one. This new method is fair and will be a valuable addition to the scoring of successes and failures.

A summary of the 12 failures is given below:

No.	Former occupation.	Age.	School.	Family history.	Enlistment record.
8	Farm laborer.	18	5 years.	Negative.	3 minor offenses; desertion.
25	Laborer.	20	4 years.	do.	Deck court; 2 minor offenses; desertion.
46	Labor in R. B. shops.	19	No schooling.	Insanity in family.	1 minor offense; deck court; desertion.
49	Bartender.	29	3 years.	Negative.	1 minor offense; desertion.
59	Laborer.	19	5 years.	do.	4 minor offenses; desertion.
64	Laborer.	19	7 years.	do.	1 minor offense; desertion.
79	Laborer.	19	6 years.	do.	2 summary courts-martial; desertion.
98	Laborer.	31	7 years.	do.	do.
106	Painter.	22	2 years.	Epilepsy on maternal side.	Desertion.
107	Laborer on ranch.	30	9 years.	Tuberculosis on paternal side.	Deck court; summary court-martial; desertion.
108	Seaman in merchant marine.	29	5 years.	Negative.	Deck court; 2 summary courts-martial; desertion.
112	Laborer.	23	4 years.	do.	Deck court; summary court-martial; desertion.

The average age of the above table is 23 years, and the average number of years in school is 4.7. One individual had never been to school, but failed only in one of an educational nature, which was computation. All of the 12 were born in the United States, and the charges for which they were sent to the disciplinary barracks were desertions. How long each individual was in the naval service previous to deserting is seen from the following:

	Months.
No. 8.....	10
No. 25.....	8
No. 46.....	17
No. 49.....	1½
No. 59.....	11
No. 64.....	8
No. 79.....	16
No. 98.....	13
No. 106.....	4
No. 107.....	6
No. 108.....	7
No. 112.....	7

As the young recruit with amentia is unable to accustom himself to his new environment, his troubles commence early, and, as would be natural to expect, he deserts. The average time in the service of each before deserting was 9 months. When asked, "Why did you desert?" the answers were as follows: No. 8, "Better opening on the outside"; No. 25, "Overleave"; No. 46, "Family conditions"; No. 49, "Dissatisfied"; No. 59, "Overleave"; No. 64, "Overleave"; No. 79,

"Overleave"; No. 98, "Dissatisfied"; No. 106, "Persuaded to go with another"; No. 107, "Dissatisfied"; No. 108, "Dissatisfied"; No. 112, "Overleave."

It is believed that the mental defective is below

the normal in physical development. The 12 defectives were examined on the points enumerated below, and the average was as follows:

Height.....	inches	67½
Weight.....	pounds	149
Chest measurement.....	inches	36
Chest expansion.....	"	2½
Temperature.....		97.2
Pulse (sitting).....		79
Pulse (standing).....		90
Respiration.....		20

Taking the average of 221,819 Americans as reported by the Actuarial Society of America in 1912 as a standard, the above men fall 1.2 inches below the average American in height. The men were well nourished, which is due to the proper food and exercise they receive. The temperature was found to be subnormal, with an accelerated pulse and slight increase in respiration. Physical defects which would reject an individual at the recruiting station were not looked for in this examination.

The writer has frequently wondered why men desert, and as a matter of interest every individual of the 130 examined was asked after the tests were concluded: "What was the specification for which you were sent here?" If desertion was the reply, then he was asked, "Why did you desert?" In Table No. 1 are seen charges other than desertion, while Table No. 2 shows desertions with replies and number opposite.

TABLE NO. 1.

Allowing prisoner to escape.....	1
Conduct prejudicial to good order and discipline.....	1
Disobedience of orders.....	2
Drunk on duty.....	3
Fraudulent enlistment.....	5
Resisting arrest and assault.....	2
Refusing duty.....	1
Using profane and abusive language.....	1

16

TABLE NO. 2.

Better opening on outside.....	2
Dissatisfied.....	14
Drunkenness.....	9
Family conditions.....	9
Hard work.....	3
Homesick.....	4
Nagging by shipmates.....	1
Overleave.....	72

114

It will be seen that all but 16 were charged with desertion. The average age of the 130 men was 23 years, and the average time in the service before committing the offenses which sent them to the disciplinary barracks was 24 months. Overleave is given as the reason of deserting by 72. Upon inquiry it was ascertained from these that they had gone ashore on liberty, had no idea of deserting upon leaving their station or ship, but simply remained over leave. Knowing they would receive punishment of some kind for the offense, they prolonged their stay from day to day and finally decided to desert. It is rather remarkable that men should take this view of the situation, yet 72 have acknowledged this to be true. Under "dissatisfied" are classed the individuals who did not like the service for various reasons. Nine men gave drunkenness as the reason for overstaying their liberty and deserting. Three claimed that they could not stand the hard work in the service, and four others were frank enough to admit that homesickness was the cause of their leaving on their own initiative.

As the proper place to eliminate the physical unfit from the service is at the recruiting station, so also is it the proper place to dispose of the mental defective. The recruiting officer does not have the opportunity to observe and study the

individual presenting himself for enlistment for any length of time. After examining him physically he must decide whether he will accept or reject him. Then, again, time is frequently an important factor, as a large number of men may be waiting for examination. It is believed that the problem of eliminating this condition may be solved by a modification of the Binet tests, which can be so formed as to reject only the undesirables.

PAROVARIAN CYSTS WITH REPORT OF A CASE.

By W. H. TOULSON, M.D.

Tumors of the ovary are very common, and cystic tumors are the most common form. Olshausen found only 137 solid tumors of the ovary in a series of 1388 examined. Cysts of the parovarium are not quite so common; compared with cyst of the oophoron and paroophoron they form about 10 per cent. and usually come to operation before attaining any great size. There are perhaps many cases larger, as in the present case, but the largest cyst of the parovarium reported is by Bland of Philadelphia, a case containing 20 liters of fluid. These cysts are usually seen in young adults between the ages of 20 and 35. There are none reported in patients under 16.

These cysts are situated in the broad ligament in the parovarium, which is a structure consisting of eight or ten fine tubules running vertically to the axis of the ovary and entering the paroophoron; their ends, remote from the ovary, are joined by a horizontal tube, which is parallel with its long axis; the parovarian cysts develop out of the vertical tubes, though Doran asserts that they develop in the broad ligament independent of the parovarium. These tumors are sessile and are often multilocular. It is also interesting to note that these cysts, like cysts of the ovary, are liable to axial rotation and complete detachment.

The fluid contained in these cysts is clear and limpid. Sp. Gr. about 1010, sterile, and when extravasated into the peritoneum does no harm. In the case cited it is reasonable to suppose that the discolored fluid found in the larger sac was caused by rhexis, the second sac in this case presenting the clear fluid.

Patient, L. C., aged 37, was referred by Dr. B. and admitted to the service of Dr. A. M. Shipley.

at the University Hospital, December 1, 1915, complaining of tumor in abdomen.

History. About two months after last child was born, eight years ago, patient noticed that the abdomen was "swelling," the enlargement taking place very gradually and without pain or discomfort, until about four months ago, when increased activity took place and the abdomen became so large that the patient was unable to stand on her feet for any length of time without severe backache. The patient felt that she was pregnant and imagined foetal movements, and on this account sent for her physician. Patient complained on admission of soreness around the waist and at umbilicus. The menstrual history is unbroken except for two normal pregnancies. No urinary disturbances.

Physical Examination. Patient is thin but not emaciated. General condition good, skin and m. m. good color, development good. Head, neck and chest examination negative. The abdomen was large and pendulous, skin over abdomen only slightly tense, veins prominent and large. Measurement at level of umbilicus—105 c. m., costal angle wide, and costal border pushed out by tumor mass. A distinct movable cystic tumor could be palpated extending out of the pelvis, high up into the abdomen, displacing the stomach and transverse colon upward. A succussion wave could be easily elicited, the fluid seeming to strike a membrane before continuing to the abdominal wall. Liver dullness was obscured and the other abdominal viscera could not be outlined.

Pelvic. External genitals normal. cervix felt in normal position, the fornices were bulging with a tense cystic mass palpable through the vaginal wall.

Operation. Right rectus incision—a cystic tumor was discovered filling the abdominal cavity, not adherent to the peritoneum. The cyst was sacculated, having two compartments not communicating, one superimposed above the other. Sixteen liters of dark, discolored fluid were withdrawn from the lower sac and five liters of clear, limpid fluid from the sac above. There was no free fluid in the peritoneum. The sac was very thick and was not attached except at its base, which spread out for a distance of about 12 c. m. from the broad ligament into the cul-de-sac of Douglas. The sac was enucleated and its base excised without difficulty. The internal genera-

tive organs were found intact and normal as far as could be ascertained. The ureters were abnormally displaced far out on the pelvic brim and anteriorly.

The annual oyster roast of the adjunct faculty of the University of Maryland and Physicians and Surgeons was held at Schlipper's Pickle Factory, Ridgely near Cross street, on the evening of December 9, 1915.

This oyster roast has been an annual custom of the College of Physicians and Surgeons' portion of our faculty for several years, and is an occasion always looked forward to with pleasure, as the committee not only serves up an excellent menu, but it brings into intimate social contact the various members of the faculty, and generates a spirit which is helpful to the institution, and at the same time affords an evening of relaxation and enjoyment to many of our busy faculty.

A large representation from the Physicians and Surgeons' portion of our faculty was present, but it was a universal regret that more of the University of Maryland contingent did not grace the occasion by their presence. However, the committee feels that the half-dozen of the latter representatives will serve as active emissaries in causing a much greater attendance at the next meeting by reciting the fineness of the repast and the excellent opportunity for relaxation and enjoyment.

The menu consisted of oysters, ordered direct from Tangier Sound, served in most every fashion, pigtales and sauerkraut, beer direct from the keg, and for the more temperate and fastidious soft drinks and real coffee.

Entertainment was offered by the singing of the Schmitzbank, in which all heartily joined, but special mention should be made of the lustiness with which Dr. Edgar B. Friedenwald sang his part. The Salamander was also sung under the able direction of Dr. C. E. Brack. The feature of the entertainment was the excellent rendition by Dr. C. E. Brack of the Chariot Race, on a piano which was well ripe with age. The force with which Dr. Brack hammered his theme was much commented upon by all those present.

The committee consisted of Drs. W. W. Requaardt, C. E. Brack and A. C. Rytina.

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, JANUARY 15, 1916.

1916 NEW-YEAR'S GREETINGS.

To our students, to our alumni of the University of Maryland, the Baltimore Medical College and the College of Physicians and Surgeons, and to our friends everywhere we extend a cordial New-Year's greeting. The year that has just been added to the long line of those that have preceded it in the history of the Medical School of the University of Maryland has been a momentous one to us in many ways. We have lost valuable and beloved colleagues in the faculty and in the board of instruction, and with sorrow we note their absence at this time. Other members of the faculty have been obliged to discontinue their activities for a period on account of illness, and some of them are still incapacitated. We especially extend our greetings to our distinguished and venerated colleague, Professor Ashby, who has been confined to the house for some time, and we hope that he may soon be rid of his ailment and be able to resume the useful tenor of his life. Amongst the events of the year that are of especial importance and that are the occasion of much satisfaction is the long-talked-of merger with the College of Physicians and Surgeons of this city. By the successive mergers that have taken place we have succeeded in forming one strong school, with a large and active corps of teachers, ample laboratory accommodations and equipment, and clinical facilities probably unsurpassed in this country. Many improvements have been made in almost every direction; in the physical condition of the buildings, in the administrative office and staff, in the

hospitals under our care and in the utilization of our large facilities. We believe we have one of the best equipped schools in this country, and we are bending our energies toward making it a still better and more useful institution. The increased admission requirements have diminished our freshmen and sophomore classes, and it is probable that some years will elapse before an equilibrium is again established. In view of these changed conditions, we must have financial assistance either from the State or from our friends, and we should be pleased to receive it from both. In extending our greetings and felicitations to our alumni and other friends we ask them to continue an active interest in the school; we solicit contributions to our permanent funds, for endowed chairs or other definite purposes, such as scholarships, endowed beds in the hospital or for the library.

Of one and all we request constructive criticism and friendly co-operation.

THE DAVID STREETT MEMORIAL SCHOLARSHIP.

The following subscriptions to this fund have been received since our last issue:

Wilmer Brinton.....	\$25 00
Gordon Wilson.....	20 00
Julius Friedenwald.....	25 00
Wm. B. Perry.....	10 00
Fred Rankin.....	10 00
C. R. Edwards.....	10 00
Saml. W. Moore, D.D.S.....	10 00
Maj. Roger Brooke, Ft. Leavenworth...	10 00
Louis M. Chargin, New York City.....	5 00

Total, \$125 00

ITEMS

Ft. Leavenworth, Kans., December 16.
The Registrar,
University of Maryland,
Baltimore, Md.:

Dear Sir—Having observed in the BULLETIN that funds for a David Streett Memorial Scholarship are being contributed, and desiring to participate in the promotion of a worthy plan, I enclose my check to your order for the sum of \$10.

Very respectfully,

ROGER BROOKE,
Major Medical Corps, U. S. Army.

Dr. Albert Hynson Carroll has been advanced to the position of associate professor of gastroenterology and Dr. J. Harry Ullrich to that of associate in gastroenterology in the University of Maryland, upon the nomination of Prof. John C. Hemmeter, the head of the department.

Professor Ashby is in receipt of the following letter from Dr. Charles E. Gilman, B. M. C., class of '96:

"45 Bay State Road,

"Boston, Mass December 9, 1915.

"Prof. Thomas A. Ashby,

"Baltimore Md.:

"My Dear Professor Ashby—At our meeting last night resolutions were presented and adopted upon the death of Professor Streett.

"We resolved to send a copy to the bereaved family, to the Faculty of Physic, and the Board of Regents of the University of Maryland, and to THE HOSPITAL BULLETIN. The matter of sending a copy to two of the most influential Baltimore daily newspapers was brought up, and although opposing the idea, at my suggestion we decided to secure your advice upon that matter. I have the copies under process of being type-written, and will send them along as soon as possible.

"May I trouble you to send me the address of Dr. Streett's widow.

"We had a very interesting meeting, and quite a few P. and S. graduates were with us. Our constitution is now changed so that all B. M. C., U. of M. and P. and S. men are eligible for membership, and we look forward to having a large and strong New England Alumni Association.

"With kindest personal regards, I am,

"Sincerely yours,

"C. S. GILMAN."

The officers of the New England Alumni Association of the University of Maryland School of Medicine and College of Physicians and Surgeons are as follows:

President—Dr. A. Lawrence Miner, Bellows Falls, Vt.

Vice-President—Dr. William T. Councilman, 78 Bay State road, Boston, Mass.

Secretary—Dr. Charles S. Gilman, 45 Bay State road, Boston, Mass.

Treasurer—Dr. A. K. Yoosuf, 82 Franklin street, Worcester, Mass.

Vice-Presidents—Maine, Dr. L. E. Willard,

Saco; New Hampshire, Dr. E. F. Brown, Groveton; Vermont, Dr. Frank C. Angell, Randolph; Massachusetts, Dr. Charles E. Harris, Hyannis; Rhode Island, Dr. Charles B. O'Rourke, Providence; Connecticut, Dr. Francis Downing, Moosup.

Resolutions adopted at the regular winter meeting of the New England Alumni of the University of Maryland School of Medicine, held in Boston Wednesday evening, December 8, 1915, upon the death of Prof. David Streett:

Prof. David Streett, the ideal physician, the cultured gentleman and scholar, the benefactor of humanity has made the world richer by his life and his death has freshened in our minds the memory of those characteristics which were so well exemplified to us both as teacher and friend.

He was made Professor of the Practice of Medicine in the Baltimore Medical College in 1885, and was one of the most active of the faculty of that college. It was while acting as Dean of the Baltimore Medical College that he became endeared to every student of that college. Knowing them all by name, their faults as well as their good qualities, and with the art of a true diplomat excusing the former and encouraging the latter. He was always willing to assist any student who asked his aid, and many of us today owe our present position to his words of kindly advice as well as to his excellent lectures.

His work among the people of Baltimore was of the type that stamped him a true disciple of Hippocrates. Not alone among the rich, but in the same kindly spirit toward the poor that he exhibited to the student at the Medical School, did he make his mark as a physician.

His genial bearing, buoyant spirits and able treatment will make many people of Baltimore mourn his loss as we do in far-away New England.

When the alliance of the Baltimore Medical College with the University of Maryland School of Medicine was brought about he was one of the most active in looking after the interests of the Alumni, and his visits to us, giving the details of that alliance and the many benefits to come from it, are among our most pleasant remembrances.

The fine ethical qualities which Professor Streett displayed toward his brother practitioners during the 37 years of his medical work made him loved by his coworkers. He always acted

with strict consideration for the rights of others and with entire honesty toward his patients. It could not have been otherwise, for he possessed the qualities of head and heart that are so essential to the fulfillment of such honorable traits.

Professor Streett was a man of decided opinions, always adhering to that which he thought was right, kindly disposed, agreeable to meet, either as a physician or as a man, and absolutely true to his friends.

Our sympathy goes out to his bereaved family, who will feel his loss greatest of all. The city of Baltimore will miss him. The University of Maryland School of Medicine will find it difficult to fill his place and the Alumni of the old Baltimore Medical College will feel that they have lost the most valued tie which connected them with their Alma Mater.

The New England Alumni of the University of Maryland School of Medicine extend to the family of the late Professor Streett their sincere sympathy and feel that he has found a resting place in that Temple not made with hands which is eternal in the heavens.

Be it Resolved, That this testimonial be inscribed on the records of our Association, and that a copy be sent to the family of Professor Streett, the Faculty of Physic and the Board of Regents of the University of Maryland and to

WALTER H. STURGIS, B. M. C., '94.

EDWARD C. CONROY, B. M. C., '97.

CHARLES S. GILMAN, B. M. C., '96.

Committee for the Association.

The January examinations of the Board of Medical Examiners of Maryland will be held January 17-27, inclusive, in the building occupied by the College of Physicians and Surgeons, Calvert and Saratoga streets.

Dr. George Mortimer Snook, College of Physicians and Surgeons, class of 1893, is located at Parma, New York.

Dr. William H. David, class of 1902, is located at 67 Hanson place, Brooklyn, N. Y.

We are glad to learn that Miss Betty Butts, University Hospital Training School for Nurses, class of 1913, who was operated on at the hospital recently, is getting along so nicely.

Dr. Simon W. Hill, class of 1909, is located at Regent, North Dakota.

The University of Maryland will ask the 1916 Legislature to grant a substantial annual appropriation. The institution has received no money from the State in recent years, except the grants to the hospital and St. John's College, the Department of Arts and Sciences. Since the recent consolidation of the University with the College of Physicians and Surgeons there has been greater need for funds, and although the Legislature appropriated \$15,000 for the school in 1915, and a like sum in 1916, the money is said not to have been paid to the institution.

Dr. Charles F. Nolan, class of 1890, who was recently operated on at the Union Protestant Infirmary, has recovered and resumed his practice.

Dr. Louis A. Buie, class of 1915, has resigned his position of resident at the University Hospital and accepted the position of resident at Kernan's Hospital.

On his way home for the Christmas holidays Dr. Edwin P. Kolb, class of 1912, stopped at the University Hospital and saw a number of old friends. Dr. Kolb is located in the Adirondacks in the neighborhood of the sanitarium.

Miss Alva M. Williams, University Hospital Training School for Nurses, class of 1911, who was with her patient on the steamer Tivoli, en route to Crisfield, when it was burned on the Chesapeake Bay some time ago, has been confined to her home at the Hampton Court Apartments since the accident. Miss Williams' patient died from exhaustion, and both were taken from the water by a motor boat and taken on board the City of Baltimore. She says if she had been unable to swim she would have been drowned, and the experience she encountered she will never forget.

On the evening of December 14 the Alumnae Association of the University Hospital Training School for Nurses held a dance at Lehmann's Hall. A special car conveyed the members of the training school to the hall. About 300 persons were present. Miss Laura Chapline, class of 1909, was chairman of the committee on ar-

rangements, and it was due to her and her assistants that the affair was such a splendid success in every way. The proceeds are to be used as a sick benefit fund for the nurses of the association.

A meeting of the Maryland State Association of Graduate Nurses was held at the Medical and Chirurgical Library on the afternoon of December 18, Miss Lauber, president, in the chair. A report of a special committee was presented and freely discussed, the chief topic being "Compulsory registration."

Dr. Smith, superintendent of Johns Hopkins Hospital, gave a very interesting talk, giving his ideas of registration, stating in part that he considered that the registration of nurses was as necessary as that of physicians. Judge Harlan was scheduled to give a brief talk, but was unable to be present.

The association is aiming to procure a State Inspector of Training Schools and compulsory registration for nurses in Maryland.

We are glad to learn that Dr. Salvatore Demarco, class of 1900, of 1604 Linden avenue, who was operated on recently at the University Hospital for appendicitis, has made such a speedy recovery.

At the last meeting of the American College of Surgeons, which was held October 29, 1915, the following graduates from the combined medical school of the University of Maryland were admitted as Fellows:

Drs. Edgar G. Ballenger, U. of M., class of 1901, of Atlanta, Ga.

Andrew J. Crowell, U. of M., class of 1893, of Charlotte, N. C.

Howard E. Ashbury, U. of M., class of 1903.

Charles F. Blake, U. of M., class of 1905.

Eugene H. Hayward, B. M. C., class of 1901.

Francis J. Kirby, U. of M., class of 1892.

G. Milton Linthicum, P. and S., class of 1893.

James C. Lumpkin, B. M. C., class of 1898.

Frank S. Lynn, U. of M., class of 1907.

Samuel K. Merrick, U. of M., class of 1872.

Wm. B. Perry, B. M. C., class of 1889.

Anton G. Rytina, U. of M., class of 1905, all of Baltimore, Md.

Dr. Joseph W. Holland, class of 1896, has left for a trip through the West. He will visit the Mayo Clinics in Rochester, Minn., and also clinics at Chicago and Cleveland.

We are glad to learn that Dr. Thomas A. Ashby, who has been sick at his home, is improving.

Dr. R. Gerard Willse, class of 1909, who has been on a hunting trip on Eastern Shore, has returned.

The sanatorium at Gelston Heights conducted by Dr. Samuel J. Fort, professor of materia medica and pharmacology, was completely demolished by fire Christmas night. Owing to muddy roads and lack of water, the fire department was unable to reach and fight the fire. Fortunately there were no patients in the sanatorium, as it is used only in the summer. The fire is supposed to have been started by tramps who sought shelter in the house.

The sanatorium was formerly the home of the late Hugh Gelston, who was at one time the owner of a large block of land in that neighborhood, and is owned by his son, the present Hugh Gelston. The building was of the Colonial style of architecture, was more than 100 years old, and was one of the landmarks of the city. It was situated in what was at one time the central part of the Gelston estate.

Dr. Henry R. Carter, class of 1879, head of the United States Marine Hospital in Baltimore, who has been suffering with dengue fever in Porto Rico, where he went during October to stamp out an epidemic of this disease, is now out of danger and convalescing. It will be some time before he can make the voyage home.

Dr. Carter left here for Porto Rico October 13 to start a campaign against dengue fever, a malignant tropical disease, and he himself was stricken. He is regarded as the nation's greatest authority on yellow fever and other diseases communicated by the mosquito, but he fell a victim shortly after he landed there.

An interesting and largely attended meeting of the Baltimore County Medical Society was

held November 17 at the Rosewood State Training School at Owings Mills, Md.

The physicians were entertained at luncheon by Dr. Frank W. Keating, superintendent of the school, and later an inspection of the buildings was made under the guidance of Dr. Keating and his assistants.

An entertainment was given by the children and a concert by the school band. The doctors expressed themselves as much pleased with the manner in which the school was being conducted and complimented Dr. Keating and his staff. A rare case of Raynaud's disease was shown and the medical men had an opportunity of studying the different types of feeble-mindedness. There are 610 children at the school.

Following the meeting, clinics were held by Drs. Keating and Kenneth B. Jones, class of 1911, of Baltimore, Md. There were discussions by Drs. John R. Abercrombie, class of 1895, and Irving J. Spear, class of 1900.

At the annual meeting of the Baltimore City Medical Society, held in the rooms of the Medical and Chirurgical Faculty Building December 7, Dr. C. Hampson Jones, professor of hygiene and public health, and former Assistant Commissioner of Health of Baltimore city, was elected president. He succeeds Dr. Charles E. Sadler, class of 1873.

Other officers from our alumni were elected as follows: Secretary, Dr. Emil Novak, B. M. C., class of 1904; treasurer, Dr. Wm. S. Gardner, P. and S., class of 1885; censor, Dr. Andrew C. Gillis, P. and S., class of 1904; member of the honor committee, Dr. A. M. Shipley, class of 1902; delegates to the State Medical Society, Drs. Harry Friedenwald, P. and S., class of 1886, and Standish McCleary, P. and S., class of 1890.

After the election of officers there was a symposium on "Intestinal Obstruction," in which Drs. Alexis McGlannan, P. and S., class of 1895, and Dr. A. C. Harrison, class of 1887, took part.

The regular monthly meeting of the Medical Society of the University of Maryland and College of Physicians and Surgeons was held Tuesday, December 14, at 8.30 P. M. in the amphitheater of the College of Physicians and Surgeons. Dr. Henry H. Hazen, Washington, D. C.,

delivered an interesting lecture on "X-ray in the Treatment of Skin Diseases," accompanied with lantern pictures; Dr. Julius Friedenwald, on "Early Diagnosis of Cancer of the Stomach," and Dr. T. Caspar Gilchrist, on "Early Diagnosis of Cancer of the Skin," also accompanied with lantern pictures. The meeting was most interesting and instructive.

Dr. Jose L. Hirsh, class of 1895, formerly of 1819 Linden avenue, announces the removal of his residence and offices to 2360 Eutaw Place. Office hours: 2 to 4 P. M., and by appointment. Telephone, Madison 1513. His practice is limited to pediatrics.

Dr. Robert L. Blake, B. M. C., class of 1905, of 637 Columbia avenue, has been appointed assistant physician in the tuberculosis dispensary work by his father, Health Commissioner John D. Blake, a new position just created.

Dr. Louis M. Pastor, class of 1906, is located at 4 Broad street, Bangor, Maine.

Dr. R. W. Crawford, class of 1906, is chief surgeon to the Relief Department of the Atlantic Coast Line Railroad Co. He is located in Wilmington, N. C.

Miss Martha B. Michael, University Hospital Training School for Nurses, class of 1893, who was operated on at the hospital some days ago, is making a nice convalescence.

Miss Lillian Blake, University Hospital Training School for Nurses, class of 1912, had a tonsilectomy performed at the hospital on the 18th of December. She has entirely recovered.

Dr. Kivy Pearlstine, class of 1906, of 72 Wentworth street, Charleston, S. C., writes us that he enjoys reading the various articles by the different men and never misses the "items." He also wishes THE BULLETIN and the University continued success.

Miss Lucy Lilly, University Hospital Training School for Nurses, class of 1912, superintendent

of nurses of the Rocky Mount Hospital, Rocky Mount, N. C., has been visiting friends in the city.

Dr. Henry O. Reik, class of 1891, secretary of the board of managers of the Baltimore Eye, Ear and Throat Charity Hospital, has been delivering a series of four travelogue lectures, illustrated by autochrome photographs, at Albaugh's Theater. The subject of the first lecture was "The Great Southwest and the Grand Canyon"; the second, "California and the Exposition"; the third, "Our National Parks—Yosemite, Yellowstone, Glacier," and the fourth, "The Atlantic Seaboard." The photographs were taken by Dr. Reik during his recent trip through the western part of this country, and showed the wonderful beauties of nature as they really are. Colored photography is a new thing, being but three or four years old. A few years ago the worker had to depend on his memory or imagination to color his lantern slides; now he is able to produce natural color pictures which accurately and truthfully portray all the varying tints and shades of nature. We congratulate Dr. Reik on his interesting and instructive lectures.

Drs. Preston Boggs, class of 1896, of Franklin, W. Va., and Charles H. Keesor, class of 1911, of Wheeling, W. Va., paid a recent visit to the university. They joined the General Alumni Association.

Dr. John D. Fiske, class of 1875, of 611 St. Paul street, fell while boarding the steamship Manhattan at Canton recently, sustaining painful injuries.

The Pasteur Institute at Mercy Hospital (a department of the University of Maryland) is to be discontinued after the patients now under treatment are discharged. In the future the Federal Government will take up the work of the institute. Patients desiring treatment will have to go to New York, Philadelphia or Washington until the Government makes arrangement with the local health department for the distribution of the serum used in the treatment of hydrophobia. This decision was made on account of the recent reduction in the number of patients, the lack of work, the excess of expenses over income, and

because the United States Public Health Service furnishes to reputable physicians, free of charge, the anti-rabic serum. Nearly 2000 cases of hydrophobia have been treated in the hospital since the institution became associated with it. Dr. Nathaniel G. Keirle, director of the institute, who has been in charge of the work for the past 20 years, will continue as professor of medical jurisprudence at the university.

Dr. Frank E. Fox, B. M. C., class of 1901, is the mayor of the city of Fulton, N. Y.

BIRTHS

Recently, to Dr. Wilbur M. Scott, class of 1912, and Mrs. Scott of Devereaux, Ga., a daughter. Mrs. Scott was formerly Miss Vera Wright, University Hospital Training School for Nurses, class of 1909.

To Mr. and Mrs. Hyde Hopkins of Baltimore, Md., December 17, 1915, a daughter. Mrs. Hopkins was formerly Miss Lillie Booker Carter, University Hospital Training School for Nurses, class of 1909.

MARRIAGES

Dr. Harry Aloysius Bishop, class of 1912, of Washington, D. C., to Miss Roberta Carson Morgan Jones of Fort H. G. Wright, New York, at Fort H. G. Wright, Wednesday, October 6, 1915. Dr. and Mrs. Bishop will be at home after December 1 at 1430 Rhode Island avenue, Washington, D. C.

Dr. David Silberman, class of 1912, to Miss Jennie Merowitz, both of Baltimore, at Baltimore, January 4, 1916. After a wedding trip spent in the North Dr. and Mrs. Silberman will reside at 1729 Linden avenue.

DEATHS

Mrs. Arthur E. Ewens, wife of Dr. Arthur E. Ewens, class of 1904, of Atlantic City, N. J., died at her home on Kentucky and Pacific avenues, Atlantic City, N. J., December 27, 1915, aged 24 years. THE HOSPITAL BULLETIN, on behalf of its readers, extends to Dr. Ewens its sincere sympathy.

Dr. Philip R. Hengst, Physicians and Surgeons, class of 1883, of Waco, Tex., died suddenly at 522 N. Broadway, Baltimore, from apoplexy, December 13, 1915, aged 59 years. Dr. Hengst was one of the most prominent physicians in Texas, and his death came as a distinct shock to his many friends and patients.

Dr. James Walter Baird, Physicians and Surgeons, class of 1874, of Surry county, Virginia, died at his home near Waverly, Va., November 30, 1915, from the effects of a gunshot wound of the head believed to have been self-inflicted while suffering from depression due to ill-health, aged 65 years. Dr. Baird was formerly a member of the Medical Society of Virginia.

Dr. Albert Augustus Lindabury, B. M. C., class of 1886, Hahnemann Medical College, Philadelphia, 1890, of Scranton, Pa., died in the Scranton State Hospital, November 22, 1915, from diabetes, aged 53 years.

Dr. Josiah Lee McComas, class of 1858, pioneer physician of Oakland, Md., died from infirmities of age at the home of his son, Dr. Henry Wheeler McComas, class of 1888, in Oakland, Monday, December 20, 1915, aged 80 years.

Dr. McComas was the son of Lee and Sarah (Millias) McComas, having been born in Baltimore, where he acquired his early education in the public schools and graduated from the high school, after which he attended Newton University.

In 1853 he entered upon the study of medicine under the supervision of Prof. J. R. W. Dunbar, M.D., of Baltimore, and later completed the course of the medical department of the University of Maryland, graduating with the degree of M.D. in 1858. Subsequent to his graduation he was appointed resident physician to the Baltimore city and county almshouse, where he remained until 1859, and then was compelled to resign on account of ill-health. He then removed to Oakland and established himself in the general practice of his profession. In 1861 he offered his services to the United States Government and was appointed an assistant surgeon of the army, being assigned to duty at Oakland, where he was given charge of the Fort hospital. The following

year he was transferred to the charge of the hospital at New Creek, W. Va., where he remained until the fall of 1862, and then returned to his former post at Oakland, continuing there until the close of the war. In 1861 he was ordered by General Fremont to take charge of the United States stores at Oakland and to guard the same with his convalescent sick, martial law existing there at that time.

On the conclusion of hostilities Dr. McComas resumed his interrupted practice, in which he continued until a few years ago. He attained national prominence in his profession and was recognized as an authority on many subjects pertaining to his calling, notably diseases of children. He was a gentleman of high culture and had traveled extensively in the United States and foreign lands. The popularity of Oakland and Deer Park as health resorts is due in a great measure to his wide range of practice, many of his patients having found here a speedy climatic cure for their ailments. He was a member of the Medical and Chirurgical Faculty of Maryland, the American Medical Association, the New York State Medical Society, the Tri-State Medical Society, and numerous other organizations of a like nature. He was also one of the vice-presidents of the World's Congress of Medico-Climatologists and a member of the American Public Health Association. At the first Pan-American Congress he represented the Medical and Chirurgical Faculty of Maryland, and he was a member of the Ninth International Medical Congress. He was also a graduate of the School of Design of Maryland Institute of Baltimore. In 1858 he married Ellen M., daughter of Major Matthew Wheeler, a merchant of New York city. Three children were born of their union, two of whom are living, Dr. Henry Wheeler and J. Lee, Jr., now a resident of New York.

In the early days of Dr. McComas' practice in Garrett county he endured many hardships, riding great distances through storms to answer the calls of the sick and distressed. He possessed to a full measure the commendable spirit of charity, and practiced it every day of his long and useful life.

His funeral took place at 10.30 o'clock December 23 from St. Paul's M. E. Church in Oakland. The bell which tolled his funeral was presented the church by the deceased many years ago.

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No. 12

ADDRESS DELIVERED BY DR. RIDGELY
B. WARFIELD AT THE OPENING OF
THE UNIVERSITY OF MARYLAND
SCHOOL OF MEDICINE AND COLLEGE
OF PHYSICIANS AND SURGEONS FOR
THE SESSION 1915-1916.

The juncture of our schools, the occasion of these felicitations, marks an event of first importance in the history of medical education in Maryland.

That such union was desirable had in the last few years come perhaps to be the opinion of all of those controlling the destinies of the two institutions.

That it was necessary if we were to insure the continuance of any school, in view of the heightened requirements of entrance qualifications and of laboratory teaching, most of us believed.

The hour was at hand, the Baltimore Medical College had already been absorbed into the University of Maryland, and other lesser schools had under resistless pressure disappeared. But to clear the whole situation, to destroy in our community the last suggestion of personal ownership in medical schools, to open the way for the already promised State aid and to make possible the development of the State University plan, it was generally recognized that this ultimate merger between the College of Physicians and Surgeons and the medical department of the University of Maryland was required. Still we did not rush together, like Browning's lovers, "each on each." Difficulties loomed large, for the most part, it is true, imaginary, and all, I believe, disappearing

when the intention of doing the thing, the demonstration of the willingness to merge, was established. It has been said that the spontaneous view of natural man is to regard as evil everything that is disagreeable, and to a number of men connected with both schools the idea of merger was not pleasant.

This feeling we can at least understand, and much of it is praiseworthy. The devotion of man to the institution in which he teaches or is taught is proverbial and almost a natural affection. Also it is apparent that in two such institutions existent for many years and successfully maintaining position and progress against ever-increasing demands and competition an honorable pride of performance makes unattractive such considerable rearrangement as would necessarily follow conjunction of the teaching forces. Besides, there are the problems of self-interest, human and inevitable, not always selfish in a narrow way, but at least unfortunate and leading to an ultra-conservatism, dreading change and apt to consider vicious anything that might interfere with individual place or precedence. Doubtless our teaching bodies are as free as others from this unlovely quality, but a toryism sometimes unconscious and often clothed in righteous garment is perhaps the greatest menace in the development of any educational project. In any case, we may all be guarded against the possibility of making the formula of "to have and to hold" too guiding a principle in life.

So, not without some surface irritation, but with only enough, we hope, to be wholesomely stimulating, the merger is accomplished, the mar-

riage of our schools effected for better or worse.

It may be argued that this merger can only be regarded as a first step in the progress toward our purpose of enlargement and that we are too prone to accept the event as the essential fact, having no regard for the human reactions on the event.

It is true that until we have demonstrated that we have substituted for competitive rival institutions something bigger, broader, better than either, whatever the promise, and although we are well launched on the journey, we assuredly have not yet arrived.

Still we do not doubt that on this occasion the first step is of more than usual importance. We are reminded of the origin of a famous witticism. Voltaire tells us how the credulous Cardinal Polignac, relating to Madame du Deffand the story of the martyrdom of St. Denis, put great emphasis on the distance achieved by the headless martyr, who, after decapitation in Paris, picked up his head and carried it in his hands two leagues along the valley to his final resting place, the beautiful spot that since bears his name, where his church was afterward erected, for generations the burying ground of the French kings. "But," said the lady, "the distance is of little importance, for in such situation it is only the first step that counts."

So, I believe, with us "it is the first step that counts," and the requisite thing has already been accomplished, simply the getting together.

Of course, all the problems of construction and development will have to be met; endless work is certain. Difficulties will arise; some friction and some disappointment will be encountered; but, planted in good soil and with adequate foundation, I am persuaded that our grafted tree will blossom and bear fruit even in the very morning of its adventure.

Dr. Johnson somewhere cites the old Spanish proverb that "he who would bring home the wealth of the Indies must carry the wealth of the Indies with him," and adds that it is so in traveling—"a man must carry knowledge with him if he would bring home knowledge."

Later our own Emerson aptly expresses the same idea in the familiar aphorism: "Though we travel the world over to find the beautiful, we must carry it with us, or we find it not." Perhaps similar quotations are not far to seek; but the point is that in life's endeavor, whether for fortune or knowledge or in quest of the beautiful, as

in every undertaking, whatever the effort, whatever the aim, in the last analysis we get what we bring.

To our combination, far from empty-handed, we bring great gifts, material and actual as well as potential. In joining forces our laboratory facilities have been doubled, and our first effort has been to arrange for the best possible teaching of our students in the fundamental branches of the first two years.

Modern medical training has substituted laboratories for lecture-rooms, hence the necessity for separately maintained quarters for the teaching of anatomy, physiology, chemistry, physiological chemistry, pathology, pharmacology and the rest, vastly adding to the difficulties of unendowed schools.

Nowhere else is the strength of our union so apparent, and, while we have dreams for the future of even larger things, for the present, we believe, with equipment, with admirable arrangement and with every full-time necessity in teaching adequately met, we offer to the student for this all-important period every requirement in a high-class way.

In our merger a correlated arrangement for third and fourth year teaching has not yet been attempted. Each school will, presumably for this session, conduct its work in its own way. We are embarrassed by our riches rather than our want. Almost unlimited is our clinical material. As the result of our merger we have not only three large hospitals directly under our control, but by association and affiliation a number of other general and special hospitals as well.

The value of Bayview, with its abundant material, cannot be minimized. In fact, with the exception of the Hopkins Hospital, the combined facilities of practically all the hospitals in our great city may be said to be in our hands.

In the third year, if properly taught, our student is fairly entitled to take up his life's work. The hospital becomes his laboratory. Thenceforth he will advance and ripen according to his industry, his intelligence, his power of observation, and, not least, his opportunity under wise direction for coming in daily contact with disordered human machinery, with the patient himself.

How best to employ the time of third and fourth year students remains a perplexing problem, the field is so vast and teaching methods so

various, but it is certain that in ward classes and in out-patient departments he should be given every possible advantage in so-called clinical work.

There remains the consideration of the human factor in our undertaking, the driving force for our machinery, in effect, the brains. Including the merger of the Baltimore Medical College two years ago, we bring to our venture the combined teaching forces of three large, successful schools. Not by reason of any intellectual weakness, but rather presumably at the very top of their efficiency and strength, have these men joined issue for better things. Large numbers of the best medical minds in Baltimore are in our ranks. Obviously I cannot with propriety attempt to delineate the merits of the many members of our present teaching body. Still I may remind you that these schools brought together did not grow over night, but represent the product of long development.

If in our city, in the last quarter of a century and under most fortunate circumstance, the rise of a great institution of which we are all proud has in a way dimmed the luster of our own establishments, we bear in mind that the comparison is only relative. Money is an imperative factor in building edifices of any sort, and founded on the best that our community could offer, rich in tradition and promise, we are clearing our premises of all impediment that necessary endowment may follow.

The traditions of each of the several institutions are present assets in our amalgamation; integrity and intellect are endowments greater than riches, and of such endowment we have our share. Avoiding comment on my co-laborers and colleagues of recent years, may I ask you for a moment to consider the admirable qualities of the teaching faculty of the University of Maryland in the eighties, all dead now—Dorsey Coale, the youngest and the last except for my gifted master, Dr. Tiffany, now, we regret, inactive, and Dr. Winslow, then demonstrator of anatomy and now the honored professor of surgery, still happily in the plenitude of his powers.

You younger men may not know, but we elders, who in these halls sat at their feet, can we even now without emotion recite the names of Aitken, Miltenberger, McSherry, Johnston, Donaldson, Howard, Chew, Chisolm, Miles, Atkinson, Michael?

It was not my fortune in that earlier day to be intimate with the entire faculty of the College of Physicians and Surgeons, but as resident at Bayview and later in other relations I came to know some of them very well. Again I do not speak of the present merged faculty, some of whom are my closest friends and one my brother, but of the group now departed, except for Dr. Simon, our professor of chemistry, and Dr. Chambers, professor of surgery, who was junior then, but strong and capable and helpful to me in my day of hospital residency.

Let us not forget the sterling abilities of Opie, Latimer, the elder Friedenwald, scholarly Coskery, Lynch, Erick, wise old Arnold, with whom for a season I loved to discuss my little philosophies. May I pay tribute to that original genius, Keirle, fortunately still with us; to the talented companionable Rohé; to genial George Preston, to my friend and companion for many years, Ridge Trimble—men building perhaps better than they knew foundations for modern teaching.

At about this time from the smallest beginnings a group of younger men put into motion the Baltimore Medical College. With no capital except intelligence and devotion to work, these founders and their associates builded in the succeeding years a remarkably successful institution, merging at its highest point with the University of Maryland. I will not name these men with whom I was so long associated, because, with the exception of Dr. Streett, whose loss we even now deplore, they are for the most part alive, and many of them members of our present teaching staff. From one school to another throughout all these years there have been a number of transfers and appointments, forerunners of the entire co-operation.

I strive to emphasize that the men connected in the past with all these schools have been fit representatives of the best medical thought of their time. I believe in even larger measure it is true of their successors, and that the institutions have continually grown and expanded in intellectual strength as well as in other qualities.

I at least have never been able to see in any arrangement of association between the various faculties that I could be otherwise than with my friends, and I rejoice in the consummation of our assembling in one enterprise as I rejoiced from the beginning in its possibility, feeling that with

single aim and purpose such a body could not fail to achieve large results.

Let us, then, unselfishly and with unending devotion to a high ideal embrace our very rich opportunity. Let us without personal favor make best use of all our equipment, intellectual and physical, wherever it be. Let us in unity and concord put forward our best efforts for higher things; and in genuine co-operation, sustained by righteousness, let us face the future unafraid.

"I held it ever,

Virtue and cunning were endowments greater
Than nobleness and riches; careless heirs
May the two latter darken and expend;
But immortality attends the former,
Making a man a god."

TWO RECENT CASES OF ACUTE ABDOMINAL TRAUMATISMS OCCURRING AT THE UNIVERSITY HOSPITAL.

By ELMER NEWCOMER, M.D.,
Assistant Resident Surgeon.

The following cases of serious abdominal injuries have occurred in the service of Professor Winslow recently, and are thought to be of sufficient interest to justify reporting them.

The first was the result of an extensive razor cut across the upper abdomen, which penetrated the abdominal cavity and made an incision six inches in length into the substance of the liver. Through the courtesy of Professor Winslow I was given the opportunity of operating on this case. By reference to the photograph of the healed incision, which is herewith reproduced, it will be observed that the cut was almost transverse across the upper abdomen.

This is almost identical with the incision recommended by Willy Meyer in the *Annals of Surgery* for November, 1915, for operations on the stomach and gall-bladder, and it afforded an excellent exposure.

Case I—Incised Wound of the Liver. Recovery.

Patient, H. W., aged 25, colored, laborer, was admitted through the Accident Department September 26, 1915, at 11 P. M., suffering from an extensive wound of the upper part of the abdomen and partial disembowelment. Patient gives

history of having been cut with a razor by an unknown party just before entering the hospital.

Past history is of no interest.

At the time of admission the patient was suffering with violent pain, and with some hemorrhage. However, the patient had been bleeding considerably, as was seen by his clothing. A hurried examination revealed a long laceration in the upper abdominal wall, through which a large quantity of large and small intestines had escaped and were lying out on the abdominal wall.

Pulse 80 and of good volume. A large dose of morphine was administered and operation instituted at once. After the intestines had been covered



Razor cut of abdomen, wounding liver in two places.

with warm, moist, sterile towels, the patient was taken to the operating-room and anesthetized with ether, drop method. No attempt was made to sterilize the abdominal wall. After sterile sheets had been applied the intestines were flushed with warm salt solution; perforation was sought for, but none found. The transverse colon and about half of the small intestines were out of the abdominal cavity. They were replaced in the abdominal cavity, and then the extent of the injury could be seen. The skin, fasciae, muscles and peritoneum were lacerated from the sixth costal space on the left side, beginning at the anterior axillary line and extending transversely across the abdomen and slightly downward to about the seventh interspace on the opposite side. The costal cartilage was cut on both sides. The round ligament of the liver was also cut, and about a six-inch incision, involving both lobes of the liver and to the depth of about one inch. To

close the laceration of the liver six mattress sutures of catgut were placed. This readily checked the hemorrhage and brought the cut surfaces together. The round ligament of the liver was also sutured with catgut. The wound was then closed after three cigarette drains had been placed in the abdomen below the margin of the liver. Catgut was used in the peritoneum. Chronic catgut was used in both recti muscles and fasciae and silk-worm gut in the skin.

Before the wound was closed and after the intestines were placed in the abdomen, the skin and wound were painted with iodine.

The patient was returned to the ward in good condition and made an uninterrupted recovery, with no evidence of peritonitis, and at no time did the temperature go over 100 degrees. Some little separation of the wound occurred, but this was not extensive.

He was discharged on October 30, 1915, with his wounds fairly healed and a good, firm abdominal wall.

Case II—Subparietal Rupture of the Small Intestine. Recovery.

Patient, M. J., farmer, aged 55, was admitted to the hospital on August 9, 1915, complaining of "pain in the stomach." This trouble began on the night of August 7, 1915, while the patient was running in a field after some horses, when he stumbled, fell and struck the bulb of a truss which he was wearing. A very short while after this he was seized with violent cramplike pains in the abdomen, which were only controlled with large doses of morphine. During that night and the next day he suffered with pain, some nausea and vomiting. On admission to the hospital, some 36 hours after the accident, he still complained of these violent pains in his abdomen.

Past history is of no significance.

Examination—General examination reveals nothing abnormal, except his expression, which is of an anxious type and that of a very ill person.

Abdomen—No tympanites. Muscles rigid and boardlike, and marked tenderness over the entire abdomen. No external injuries noted.

Mouth temperature 100 degrees; rectal temperature 103 degrees; pulse 100; leucocyte count 20,000.

Operation was advised at once and accepted. The patient was prepared for a general anesthetic, taken to the operating-room and put to sleep by ether, drop method. The abdomen was

prepared by the iodine technique. An incision was made over right rectus muscle on a level with the umbilicus and extending down about four inches. Upon opening the peritoneum a great quantity of yellowish-brown fluid and pus escaped. Peritoneum and intestines acutely inflamed, and a widespread peritonitis was found. Floating loose in the abdominal cavity was found a watermelon seed. Appendix located and found slightly congested. Further examination of the small intestines revealed a small opening about eight inches from cecum. This opening was closed and search for further trouble made, but none found. The abdominal cavity was flushed out with salt solution, rubber tube drains placed in pelvis along with several cigarette drains in other portions of the abdomen. Wound closed up around drains, catgut being used in the various tissues.

The patient was returned to bed in fairly good condition. Following operation he began to improve gradually, temperature came down and pain was relieved. The wound sloughed extensively, but after a short while began to heal rapidly.

He was discharged on September 9, 1915, but was seen for several weeks afterwards, continuing to improve, and was sent home on the second week in October.

This patient visited the hospital on January 2, 1916, and was well and had gained many pounds in weight.

This case was operated on by Prof. Randolph Winslow. It presents several points of interest. In the first place, subparietal rupture of the intestines is an infrequent accident. This man was wearing a truss, and, as is doubtless often the case, the hernia was not entirely reduced; consequently, when he fell, the intestine was caught between the pad of the truss and the pubic bone, and a laceration was made in the gut. He lived in lower Virginia, and was unable to get to Baltimore until 36 hours had elapsed, as no boats ran on Sunday. When he reached the hospital he was a desperately-ill man, with great pain, abdomen like a board and with other symptoms of peritonitis. A diagnosis of ruptured intestine was made. The abdomen was filled with fecal fluid and pus, and the intestines were extensively plastered with fibrinous exudate. The opening into the bowel was about one-half inch long, and,

owing to the exudate, it was not thought union would occur.

There was at no time any leakage from the intestine, and healing apparently took place in a normal manner. The operation was done about 38 hours after the injury, and that recovery resulted after such a length of time emphasizes the importance of operating even in apparently hopeless cases.

THE TREATMENT OF DRUG ADDICTS AT THE RHODE ISLAND STATE INSTITUTIONS.*†

By WILLIAM S. WALSH, M.D., Class of 1914,
Howard, R. I.

At the Rhode Island State institutions, which include, among others, the Almshouse, State Prison and Providence County Jail, the Workhouse, House of Correction, and State Farm, there are received annually at least 100 cases of addiction to morphine, heroin, paregoric, cocaine, etc. Since the enforcement of the Harrison law the number of admittances of this class of patients has quite materially increased, because of the great difficulty in procuring the drugs and the increased expense of the same. A few of these drug addicts present themselves voluntarily for treatment, especially those who come to the Almshouse, but the great majority are prisoners, being the flotsam and jetsam of humanity, whose vice subjects them to large fines should the drugs be found in their possession.

Many treatments more or less complicated and requiring much skill, intuition and clinical experience have been advocated, but in institutions such as the above it is not always possible to have the trained help and facilities incumbent upon the operation of such warmly recommended methods. Moreover, the physicians find themselves so pressed by work that it is practically impossible for them to devote to each patient the time and individual attention that would be required of them if they instituted such a method as the Lambert-Towne, for instance. And again, the administration of such powerful drugs cannot well be entrusted to laymen with practically no

knowledge of their action. In many institutions trained help is at a premium.

It is not the purpose of this paper to consider the various attributes or disadvantages of the many methods proposed and utilized in an attempt at curing the drug habit, but simply to present a treatment used at the above institutions for a number of years and with only gratifying results. Moreover, it is very simple, not only in its administration, but in the medicaments used. A fleeting consideration of the method would not be conducive to enthusiasm because of its simplicity, but experience is a great teacher, and when an experience of years warrants the continuation of such a therapeutic measure we cannot but be enthusiastic in its exploitation and in its continuance.

One factor greatly in our favor is that we have almost absolute control of our patients, so that we are positive not only that the measures used are being carried out, but that the liability of the patients receiving the drugs from outside sources is practically nil. Formerly the prevention of the latter was quite a problem. Prisoners are very ingenious in some ways. The drugs have been smuggled to them under innocent-looking postage stamps, in soda straws, in apples, and divers other ways. At the Almshouse a drug habitue for 36 years succeeded in deceiving us by carrying in a week's supply of her beloved morphine by concealing it under innocent-looking false busts. Needless to say, after the discovery of these various deceptions we are on our guard and personally see that such patients receive nothing whatsoever from outside sources until careful inspection of the submitted articles prove them innocent of containing any drugs.

We believe in and have striven to give the patients moral support, but moralizing is not relished by our class of patients. And, again, these patients are not, for the most part, voluntarily presenting themselves for treatment, but, so to speak, have it forced upon them. Of a low grade of intelligence, unwilling to aid themselves, and of a not very strong moral fiber, their occasional relapses into the habit after they leave our jurisdiction is easily explainable. However, of late our absolute cures have been more marked, for, not being able to purchase the drugs as readily as formerly, they suffer their loss without any hardship or much regret. As one of our latest patients said one week after being discharged from

*Read before the Kent County Medical Society at its annual meeting, September, 1915.

†I desire to express my thanks to Dr. Henry A. Jones, resident physician of the R. I. State Institutions, for permission to publish this paper.

the institution: "If I could get it (morphine) the day I left I'd have taken it, but as long as I can't I'm content to do without it."

At the outset of treatment we withdraw the drug used absolutely. We have found no severe reaction to follow such a seemingly drastic measure, even though our cases have taken anywhere from 15 to 40 grains of morphine, for instance, daily, and even though they have been slaves to the habit for as much as 30 years. Nor have we found it necessary to have recourse to the drug used at any period during treatment. When events take an unfavorable turn, as occasionally happens, the emergencies were capable of being met with by other agents.

The patients are also put to bed and remain there for a few days. Many of the addicts are literally riddled with hypodermic abscesses, both superficial and deep, and naturally require a longer time to recuperate than those not so afflicted. The average duration of bed treatment is four days, after which time the patient is allowed the privilege of the yard and moderate exercise.

A point on which we place great stress is diet. We give this class of patients nought but hot stimulating foods, mostly in liquid form. These foods comprise hot tea, coffee, beef broth, soups, milk, etc. Very little solid food is permitted for the first few days, and only sparingly even then, since it is apt to produce rather severe colicky pains. Pepper added to the hot foods greatly enhances their value.

The withdrawal pains often experienced on sudden cessation of the drug are rarely severe or persistent enough as to require narcotics, and can generally be successfully combated by massage, hot packs, ginger, etc.

Medicinally we employ three stock prescriptions. The first of these is known as the S. and G. tonic, and has the following formula:

Strychnine sulphate, gr. xvi.

Elixir Gentian.

Syr. Hypophosphites aa q. s. ad Ci.

The patients receive one drachm of this mixture 15 minutes before meals. The stimulation contained in it is almost infinitesimal, but the object of this medication is not so much stimulation as it is tonic. It satisfies the latter requirement admirably, and under its influence a desire for

food is quickly formed, and in this way a general reorganization of the system is evolved.

Our treatment is stimulative. It is for that reason that hot liquids are employed. Additional stimulation is afforded by means of strychnine sulphate given in pill form in 1/30 gr. doses, one tablet being given a half-hour after meals and one at night. The strychnine serves to combat depression and to maintain the tonicity of the flagging organs. This agent is used for a period of a few days, whereas the S. and G. tonic is continued for a week.

The third remedy is used only occasionally. Whenever insomnia is a troublesome feature or where great restlessness exists, a sedative mixture is employed. We use one that has the following composition:

Chloral hydrate, \mathfrak{z} i.

Kalium bromide, \mathfrak{z} ii.

Tinct. valerian, \mathfrak{z} iii.

When indicated a drachm of this is given in a glass of milk, and, if necessary, is repeated.

Now and then a patient is met with who desires to escape, and when in such a state of mind is apt to take rash risks, such as jumping out of a high window. In order to prevent such an occurrence it is obligatory that a close watch be kept on all undergoing the treatment. Very few happenings of this kind occur in our wards, owing to the constant supervision we maintain.

Purgation is not employed. The majority of drug addicts develop a diarrhea a few days after the drugs are taken away, which serves to perform the office of elimination as well as can be accomplished by the use of purgatives. The diarrhea is not apt to prove troublesome, and generally ceases spontaneously. Even should no diarrhea develop, we are content to let matters remain as they are.

While the above outlined treatment may seem inefficient, on the other hand it works almost "like a charm." There is no mental wretchedness on the part of the patient, and no demands are made that the treatment be discontinued and the drug to which there was an addiction be employed. We, of course, cannot guarantee that absolute cures are effected in all cases, for reasons above stated. But at any rate we have no eulogies to make, for in its employment for years, never, as yet, has a death occurred which was definitely attributable to drug addiction solely.

THE DIAGNOSIS OF APPENDICITIS IN EARLY TYPHOID FEVER.*†

By RANDOLPH WINSLOW, M.D.

The appendix vermiformis is a vestigial organ which, like the tongue, "is an unruly evil, full of deadly poison." Its tendencies to evil are shown on so many occasions that it is somewhat noteworthy that it does not exhibit its malevolence in typhoid fever more frequently than appears to be the case. Nevertheless, it is by no means an unimportant factor in the surgical complications of this disease. While appendicitis undoubtedly may coexist with typhoid fever in any and all of its stages, either as a result of the invasion of the lymphoid structures of the appendix by the typhoid bacilli or from the ordinary intestinal and pyogenic organisms, my attention has been directed especially to the question of the diagnosis of appendicitis in the early days of typhoid fever and to the advisability of operating in such cases.

The following case was the occasion of considerable chagrin to me at the time of its occurrence and served to call my attention to this subject:

CASE I.—L. F., white female aged 18 years, while at work on August 9, 1913, was taken suddenly with pain in the right side and headache. Previous to this time she had been in good health. On the tenth she was compelled to take to her bed and so continued until she entered the University Hospital on the thirteenth of the same month. On admission her temperature was 102.6°, pulse 95, respiration 22. She had continuous pain in the right iliac region and tenderness over McBurney's point, with muscular rigidity. She had nausea and vomiting, but no diarrhea. The tongue was somewhat coated, especially in the middle. The liver and spleen were not palpable. At this time the hemoglobin was 100, and the leucocyte count 8200. Widal reaction was not present. The urine showed a slight ring of albumen, a few granular casts and pus cells, sugar and acetone, but no diacetic acid. A diagnosis of appendicitis was made and laparotomy was done, under ether anesthesia, on August 14. A right rectus incision was made and the appendix removed in the usual manner. This organ was somewhat injected and slightly enlarged, but did

not appear to be sufficiently affected to cause her symptoms. The small intestines were reddened and the retroperitoneal glands enlarged, and I suggested the probability of enteric fever as the cause of her symptoms rather than appendicitis. She subsequently ran a typical typhoid course, the Widal reaction becoming suggestive on the seventeenth and positive on the twentieth. She recovered and was able to leave the hospital in exactly one month from the time of her admission.

Three other cases of similar character were operated on by my colleagues at the University Hospital at about the same time, and they also serve to emphasize the difficulty of diagnosis in these conditions.

CASE II.—S. W., white male, 20 years of age, was taken suddenly with chilly sensations on July 19, 1913. On the next day he again experienced chilliness and had several attacks of vomiting. He developed fever and entered hospital on July 24, five days subsequent to the onset. On admission his temperature was 103°, pulse 90 and respiration 25. He was distinctly ill, with an anxious facies and tongue heavily coated with a whitish-brown fur. No rose spots were present and the spleen was not palpable. There was no evident pain, but the abdomen was rather tender in all areas and deep pressure over the appendical region caused a distinct muscular spasm. On this date his leucocyte count was 10,000 and hemoglobin 90 per cent. On July 25 his abdomen was opened. The appendix was congested but not acutely inflamed, while a general hyperemic condition of the intestines was noted. The appendix was removed and the abdomen closed without drainage. The probability of typhoid fever was recognized, and the subsequent course of the case was typical of this disease, including a positive Widal reaction. He died from typhoid toxemia on August 6, eleven days subsequent to the operation.

CASE III.—H. D., white female, aged 16 years, entered University Hospital on July 6, 1913, complaining of pain in the right side of the abdomen, with rigidity and tenderness on pressure, temperature 102.4°, pulse 122, respiration 22. She was taken sick on July 4 with abdominal pain, headache and a stiff feeling in the abdomen. A diagnosis of acute appendicitis was made and an immediate operation was done. The abdomen was opened under ether anesthesia, and a slightly in-

*Read before the American Surgical Association, June 9, 1915.

†Reprinted from *Annals of Surgery*.

flamed appendix was removed. The cecum and colon were also congested. A chain of much enlarged lymphatic glands was felt along the right side of the vertebral column. At this time the Widal reaction was negative. She subsequently ran a typical typhoid course and made a good recovery.

Blood examination showed polymorphonuclears 74 per cent., small mononuclears 22 per cent., large mononuclears 4 per cent.

CASE IV.—Miss E., hospital nurse, aged 23 years, was taken sick on December 3, 1912, with malaise, pain in back and slight fever. Subsequently the pain localized in the right iliac fossa, with tenderness on pressure, but without much rigidity. Widal was negative at this time and the leucocyte count about 8000. Acute appendicitis was diagnosed and laparotomy done on December 12, 1912. The appendix was slightly congested, but not materially inflamed, and there was a peculiar cyanosis of the small intestines. There was also considerable glandular enlargement in the mesentery, but no free fluid in the peritoneal cavity. The appendix was removed and its mucous membrane was seen to be thickened, with a few superficial ulcerations. She ran a typical typhoid course and recovered in six weeks. Widal reaction was positive in the second week.

We have here four cases occurring in the same hospital at almost the same time and treated by several different surgeons. From the appearance of the appendices at the time of operation, and from the subsequent course of the cases, it is evident that unnecessary operations were done during the active period of a dangerous disease. Was this the result of lack of knowledge on the part of the operators, or of negligence in the examination of the cases, or are the difficulties in establishing a differential diagnosis real and these mistakes excusable?

The cases here reported are too few to draw definite conclusions from, but an analysis of the symptoms may at least be interesting and perhaps suggestive.

Onset of the Disease.—Case I was taken suddenly ill, with headache and pain in the right side, while at work. She had been in good health up to this time. Case II appears to have had a general diffuse tenderness exaggerated on pressure in the appendical area upon admission to the hospital. Apparently the disease began five days previously with chilly sensations followed by

fever, and not with pain. Case III was taken sick with abdominal pain, headache and a stiff feeling of the abdomen. There is no history of preceding fever. Case IV was taken with pain and slight elevation of temperature.

In three of these four cases pain appears to have been the symptom that first attracted the patients' attention, and not fever.

Chilliness and fever certainly was the prominent feature of the onset of Case II.

In Case I the temperature on admission was 102.6°, four days after the onset, pulse 95.

In Case II temperature was 103°, pulse 90, five days after the onset.

In Case III temperature 102.4°, pulse 122, two days after the onset.

In Case IV temperature was about 100° when the patient took to bed.

Headache was noted in two cases as one of the initial symptoms, and nausea and vomiting in two cases.

The leucocyte count was 8200, 8000 and 10,000 in three cases, and in one case the polynuclears were 74 per cent., but the leucocyte count was not recorded.

The hemoglobin was 100 in Case I, 90 in Case II, and probably not determined in the other cases.

On admission it is specifically stated that Case I had continuous pain in the right iliac region, with tenderness and muscular rigidity at McBurney's point.

In Case II there was diffused abdominal tenderness with distinct muscular spasm on deep pressure over the appendical region.

In Case III there was pain in right side of the abdomen, tenderness but not much muscular rigidity.

In two cases it is recorded that the spleen was not palpable. Diarrhea was not a prominent symptom in any of these cases.

In none of these cases was the Widal reaction positive at the time of the operation, but became so in each subsequently. Rose spots also do not appear at such an early period of typhoid fever.

In all these cases the appendix was somewhat congested, possibly thickened, but not acutely inflamed, while the large and small intestines were also more hyperemic than normal.

The mesenteric and pervertebral chains of glands were also markedly enlarged in most of the cases.

I believe this mistaken diagnosis of appendicitis in early typhoid fever is by no means uncommon, and my purpose in presenting this communication is more for the purpose of eliciting information than for imparting it.

I confess that I do not know how we can avoid this mistake. I am aware that Dr. Murphy lays down the rule that in appendicitis pain always precedes fever, while in these atypical typhoid cases fever always precedes pain. I do not think we should accept this statement axiomatically. In many cases it will be impossible to ascertain whether pain or fever was the initial symptom, and in some cases of typhoid fever pain appears to have been the first symptom to attract the patient's attention. Indeed, Osler says enteric fever may be ushered in with pain in the abdomen and that "on account of pain in the right iliac fossa, fever and constipation the diagnosis of appendicitis has been made and in two such cases at Johns Hopkins Hospital laparotomy was performed." I think it probable that some lesion of the appendix is present in these cases.

The leucocyte count is probably the most reliable diagnostic sign, and it is usually low in typhoid fever and markedly increased in appendicitis, though at times there may be a low leucocyte count in serious and even fatal appendicitis.

I think also there is less muscular rigidity and tenderness in these typhoid cases than in cases of genuine appendicitis. Headache also is more common. Another possible factor in the diagnosis may be the time of the year at which the cases occur, as three of the four cases here reported occurred in July and August, months in which typhoid is especially prevalent.

In conclusion, I think it is a very unfortunate occurrence to mistake a case of beginning typhoid fever, with abdominal pain, for appendicitis and to subject such a patient to an abdominal section. This can only be avoided by a careful consideration of the history of the onset of the malady, to ascertain whether fever or pain was the initial symptom; whether the pain was sudden and severe or developed after prodromal symptoms of headache, malaise and fever. If the abdomen is not markedly rigid, even though pain and tenderness in the right iliac fossa be present, and if the leucocyte count remains low, operation should be deferred until a clear diagnosis is reached.

"Kings County Hospital, Brooklyn, N. Y.

"Dear Dr. Winslow:

"As a graduate of the University of Maryland I take the liberty of writing you a few lines about this hospital. It is about time some of the seniors are thinking of a hospital course, and perhaps if I were to explain the course here a little more fully than the circulars do, more of the men would consider the examinations.

"There are 1200 beds here, a rotation service which gives a man a chance at every department.

"The course is as follows:

"First month—Urinalysis.

"Second month—Blood counting.

"Third month—Transfer ambulance, which covers the entire counties of Kings and Queens.

"Fourth month—Anesthetics for special surgery and general utility.

"Fifth and sixth months—Junior physician.

"Seventh and eighth months—Senior physician.

"Ninth and tenth months—House physician.

"Eleventh and twelfth months—Alcoholic, nervous.

"Thirteenth and fourteenth months—Eye, ear, jaw, skin and syphilis.

"Fifteenth and sixteenth months—Nose and throat, orthopedics (adults and children).

"Seventeenth and eighteenth months—Spent at Bradford Street Hospital (a dispensary and emergency ambulatory service).

"Nineteenth and twentieth months—Junior surgeon.

"Twenty-first and twenty-second months—Senior surgeon (fractures and —).

"Twenty-third and twenty-fourth months—House surgeon (first assistant at all operations).

"Besides this regular course there are some post-graduate courses—G. U. and gynecology for two months; obstetrics, two months; pediatrics, two months. The staff house is a three-story building with all modern improvements. Each man has a separate room; tennis courts; no restriction on the number of nights out, providing someone covers the service. There are 32 interns on the house staff. Altogether, it is a course well worth considering, and if any of the seniors care to write to me, I shall be glad to give them any further information they may desire.

"J. R. AGNEW, M.D., 1914."

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Editor NATHAN WINSLOW, M.D.

BALTIMORE, FEBRUARY 15, 1916.

THE UNIVERSITY OF MARYLAND AND THE STATE OF MARYLAND.

It is pertinent at this time to ask what has the University of Maryland done for the State of Maryland? How has it lived up to its opportunities and its obligations? Leaving out of consideration St. John's College, the Department of Arts and Sciences, which has had an honorable and useful career since it was founded in 1784, when it was authorized to unite with Washington College and the two to form a university to be known as the University of Maryland, we shall consider only the professional schools located in Baltimore. The present University of Maryland began in 1807 as the College of Medicine of Maryland, which in 1812 was ordered to annex faculties of Divinity, Law, and Arts and Sciences, and these four faculties to form a university to be known as the University of Maryland. The school of divinity was never organized, and consequently has had only a nominal existence. The school of law, after a checkered existence, was re-organized in 1869, and since that time has been a potent agency in the affairs of the State. Almost every prominent lawyer practicing in the State is a graduate of our law school or has been connected with it in some capacity. Most of the judges of our courts have received their legal education at the University of Maryland. The law school has amply justified its existence by the service it has rendered the State. But what has the medical school done for the State? For more than a century it has supplied the State with its practitioners of medicine. During this long period the doors of the institution have

never been closed. The war of 1812, with its troublous times, did not interrupt the courses of instruction, and five men were graduated in 1812. The Mexican War, the Civil War and the Spanish-American War came and went, and the school continued its work. The great bulk of the medical men of the city and of the State have been taught at this University. Hospitals and sanitariums have been established through the efforts of its graduates. Laws for the betterment of sanitary conditions and the preservation and conservation of health have been passed through the personal and unrequited efforts of its alumni. Very little financial assistance has been received from the State, but much personal service has been rendered not only to the citizens of the State in their individual capacity, but to the State itself. Until now the school has been able to get along with but little outside assistance. It will be impossible for it to do so in the future. A medical school can no longer be supported on the tuition fees of students. It must have assistance from the State or from private sources.

The Johns Hopkins Medical School has a great reputation and ample resources, and it may be thought by some that there is no need of another medical school in this State. At this time there are but six graduates of the Johns Hopkins Medical School located in Maryland outside of the city of Baltimore; there are more than 500 graduates of the schools included in the medical department of the University of Maryland in the same area. Owing to increased educational requirements, the number of medical graduates in the United States has decreased nearly 50 per cent. in the past 10 years; the number is still rapidly decreasing. Within five years there will be a dearth of doctors in the counties of Maryland. There is already a scarcity in some localities. There will not be enough young physicians graduated in Maryland next June to supply internes to the hospitals of the State, and the number will be materially less a year hence. There is, therefore, the most urgent need for the medical school of the University of Maryland, which has justified its existence by its work in the past and which is an absolute necessity to the State for the future.

The dental department and the department of pharmacy are both subdivisions of the medical department, and are highly meritorious and useful institutions that have rendered valuable services

in the past and hold great promise for the future. They also require State aid to enable them to do effective work.

THE DAVID STREETT MEMORIAL SCHOLARSHIP.

We had hoped that an effort to establish a memorial to our late friend and colleague, Prof. David Streett, would have been attended with a liberal response from the hundreds of his former students scattered broadcast over the land, but such has not been the case. During the time that Dr. Streett was professor and dean in the Baltimore Medical College many hundred students came under his influence and instruction. He was their friend, counsellor and guide. Many of them were under lasting obligations to him for many acts of kindness and of kindliness. A small contribution from each of these former students would soon enable us to complete this memorial to our friend. Though he was connected with the University of Maryland only two years, he was brought into intimate contact with several hundred students. We also invite these to contribute to this fund such amounts as they may be able to give.

The following paid contributions were received in January:

Mr. Caleb Winslow.....	\$1 00
Dr. Nathan Winslow.....	1 00
Dr. Herbert M. Frazier, Hanover, Mich..	10 00
Total.....	\$12 00

ITEMS

At the last meeting of the Faculty of Physic Dr. Albert H. Carroll, class of 1907, was promoted from associate to associate professor of gastro-enterology. For some years Dr. Carroll has been devoting his entire attention to diseases of the gastro-intestinal tract, and has been doing very meritorious work along these lines.

When he took charge of the dispensary clinic it had dwindled away to almost nothing, and now, by his energy, enthusiasm and competency, he has made it one of the largest and best conducted departments of the dispensary. Always on the alert to increase the efficiency of the gastro-enterological clinic, he has spared no effort in time or energy. Hence his promotion comes with especial gratification to his friends and colleagues.

Dr. Carroll's best work has been along the lines of fractional gastric and duodenal analyses. By this method it has been demonstrated that the gastric digestion passes through a cycle, varying according to the stage, in either the normal or abnormal individual. Thus it has been proven that reliance should not be placed upon a single gastric analysis, but that a number of analyses of contents withdrawn at stated intervals should be made before a diagnosis is attempted. He has likewise attained a considerable degree of both local and general prominence by his writings on the subject dearest to his heart—diseases of the alimentary tube.

He has shown a marked degree of executive ability not only in his organization and management as the president of the University of Maryland Medical Society, but also as president of the Medical Alumni Association, as secretary of the General Alumni Association and of the Medical and Chirurgical Faculty, each one and all of which positions has felt the impulsion of his energy. It is, therefore, with particular gratification that THE BULLETIN, on behalf of his friends, congratulates Dr. Carroll upon his well-merited promotion.

The annual banquet of the alumni of the Phi Sigma Kappa Fraternity of the University of Maryland will be held Saturday, February 19, at 7.30 P. M. at the Hotel Remmert. About 75 members are expected to attend.

President Daniel Willard of the Baltimore & Ohio Railroad has been asked to speak, while his assistant, James S. Murray, has been invited to be toastmaster. Mr. Willard has consented to give a talk at the banquet should he be in the city at the time.

Others who have been asked to make addresses are Dr. Thomas Fell, president of St. John's College; J. Newell Graham, representing the local chapter; Dr. Arthur M. Shipley of the University of Maryland; Dr. Henry A. Cotton, medical director of the New Jersey State Hospital at Trenton; Dr. J. Ben Robinson of the University of Maryland, and Dr. Walter A. Conley of New York, national president of the fraternity.

Gilbert J. Morgan is chairman of the committee on arrangements.

Dr. William J. Mayo of Rochester, Minn., recently presented the library of the University of Maryland the complete publications of the Mayo

clinics since 1905. The gift comprises six volumes, handsomely bound. Another recent addition to the library are 15 of the most up-to-date medical books from W. B. Saunders & Co.

The letter to Mrs. Briscoe, the librarian, from Dr. Mayo was as follows:

"Rochester, Minn., January 12, 1916."

"Mrs. Ruth Lee Briscoe, Librarian,

"University of Maryland,

"S. E. Cor. Lombard and Greene Sts.,

"Baltimore, Md.:

"Dear Madam—We are very glad indeed to send you, with our compliments, a full set of 'Collected Papers of the Mayo Clinic' for the University Library, and will see to it that you receive our publications from time to time in the future as they are issued.

"Yours very truly,

"(Signed) W. J. MAYO."

The University of Maryland School of Medicine and the College of Physicians and Surgeons' record at the December, 1915, State Board Examinations is as follows:

No.	Class.	Anatomy.	Surgery.	Pathology.	Obstetrics.	Practice.	Chemistry.	Materia Medica.	Therapeutics.	Physiology.	Total.	Average.
1.....	1915	87	84	88	86	94	85	96	87	92	799	89
4.....	1915	75	87	78	85	82	98	75	100	93	773	86
5.....	1911	65	65	75	68	77	75	81	91	78	675	75
8.....	1915	77	93	90	93	91	78	92	85	95	794	88
9.....	1915	61	82	81	77	67	70	95	82	85	700	78
14.....	1915	86	83	93	80	92	87	95	88	95	799	89
15.....	75	60	70	..	75
17.....	1915	55	80	78	85	80	39	80	75	78	650	72
18.....	1914	..	64	69
19.....	1915	75	89	69	87	85	75	79	80	65	704	78
20.....	1915	67	89	73	85	57	30	80	87	68	636	71
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46.....	1914	72	50	..	88	76
47.....	1913	81	90	76	90	87	85	72	89	97	767	85
48.....	1915	80	87	..	80	82	75
52.....	1915	49	75	75	75	45	81	78	75	610	68	..
53.....	1915	81	74	75	81	75	63	87	87	98	721	80

Dr. and Mrs. Lewis M. Allen of Scaleby, Boyce county, Virginia, have been spending some time in Washington, where they were guests at the Shoreham.

We wish to correct an error made in the last issue of THE BULLETIN, in which we said that Dr. Frank E. Fox, B. M. C., class of 1901, was the Mayor of the city of Fulton, N. Y. Dr. Fox's term expired December 31, 1915. He is now an ex-Mayor.

The following were recent visitors to the hospital:

Dr. Arthur E. Landers, class of 1907, Crump-ton, Md.

Dr. James A. Duggan, class of 1912, South Bend, Ind.

Dr. Charles H. Kriete, class of 1895, Aberdeen, Md.

Dr. Daniel B. Sprecher, class of 1881, Sykesville, Md.

Dr. R. Caldwell Hume, class of 1906, Adamsville, Md.

Dr. Robert B. Hill, class of 1915, Washington, D. C.

Dr. Nathaniel Burwell, class of 1908, Moundsville, W. Va.

Dr. W. H. McCurdy, class of 1881, Delta, Pa.

Dr. G. Breeding, class of 1913, Rocky Mount, North Carolina.

Dr. G. M. Boyer, George Washington University, class of 1902, Damascus, Md.

Dr. Thomas W. Byerly, class of 1893, Laurel, Maryland.

Dr. M. D. Norris, class of 1892, Eldersburg, Maryland.

Dr. D. T. Jenifer, class of 1904, Towson, Md.

Dr. J. Charles Norton, class of 1912, Baltimore, Maryland.

Dr. George H. Stewart, class of 1899, Otoman, Va.

At the regular monthly meeting of the Medical Society of the University of Maryland and College of Physicians and Surgeons, held in the amphitheatre of the Maryland General Hospital, Madison street and Park avenue, January 18, Dr. Frank Martin delivered an interesting lecture on "Resection of the Colon; Indications and Technique of Operation," demonstrated with lantern slides; Dr. J. M. H. Rowland on "Kidney Insufficiency During Pregnancy," and Dr. W. D. Wise on "The Treatment of Fractures of the Lower End of the Tibia and Fibula." Dr. Albert H. Carroll, president of the society, was in the chair. At the close of the meeting the mem-

bers inspected the new surgery, which has been installed recently in the hospital. There were about 250 members of the society present.

The annual meeting of the Anne Arundel County Medical Society was held at the Emergency Hospital, Annapolis, Md., January 11, 1916. The following officers were elected for the ensuing year:

President—Dr. Charles R. Winterson, class of 1871, Hanover, Md.

Vice-President—Dr. J. Oliver Purvis, class of 1904, Annapolis, Md.

Treasurer, Dr. Frank H. Thompson, class of 1879, Annapolis, Md.

Delegate to the Medical and Chirurgical Faculty of Maryland, State Society—Dr. Thomas H. Brayshaw, P. & S., class of 1885, Glenburnie, Md.

Alternate Delegate—Dr. James J. Murphy, class of 1896, Annapolis, Md.

Clinical cases were reported by Drs. Brayshaw, Purvis and Winterson and discussed by all present. Dr. Thomas P. Benson, class of 1898, of Elkridge, Md., read a most interesting paper on "Angina Pectoris."

Dr. A. Aldridge Matthews, class of 1900, superintendent of the University Hospital from 1903 to 1904, and now practicing in Spokane, Wash., was also a recent visitor. Dr. Matthews was accompanied by Mrs. Matthews. They were greeted by old friends and were extensively entertained. Dr. Matthews is the brother of Mr. J. Marsh Matthews of 938 N. Calvert street.

ENGAGEMENT

The engagement of Dr. Frank Martin, class of 1886, professor of operative and clinical surgery, is announced to Miss Elizabeth P. Bigelow of Boston, Mass. The wedding will take place March 1 at Trinity Protestant Episcopal Church, Copely Square, Boston. Only the members of the two families and a few friends will be present. Miss Bigelow is well known in Baltimore, having visited here on a number of occasions.

MARRIAGES

Dr. Dawson L. Farber, B. M. C., class of 1913, to Miss Jean Cowan Ennis, both of Baltimore, Md., at Rockville, Md., September 9, 1915. They

will reside in Magnolia, O., where Dr. Farber will practice.

Dr. Russell H. Dean, class of 1912, to Miss Esther F. Haile, both of Jacksonville, Fla., at Jacksonville, December 16, 1915. The ceremony was very quiet, being witnessed only by the immediate relatives of the contracting parties.

The bride, an unusually charming young woman, was married in a modish coat suit of dark green broadcloth, trimmed with brown fur, and with this wore a chic hat of gold lace, the crown being of green velvet, the same shade as the suit. Her flowers were a corsage bouquet of white roses.

Dr. and Mrs. Dean left immediately in their car for an automobile trip down the East Coast, planning to enjoy a brief sojourn in Daytona.

The bride, formerly of Gainesville, has resided in Jacksonville for the past few years, and has a wide circle of friends here and elsewhere who will wish her happiness. She is attractive and accomplished, having a beautiful voice, and is a pianist of ability.

The groom is the son of Dr. and Mrs. R. H. Dean of Jacksonville, and is well known and popular with a host of friends, who will extend congratulations. He is a former student of the University of Florida.

Dr. and Mrs. Dean, on their return, will reside with the former's parents at 305 Cedar street.

DEATHS

Dr. Jocelyn William Blackmer, class of 1915, of Salisbury, N. C., died at his home February 1, 1916, aged 28 years. Dr. Blackmer was formerly on the staff of the Springfield Hospital at Sykesville, Md.

Dr. James McHenry Howard, class of 1869, of 939 St. Paul street, died at the Johns Hopkins Hospital, after a lingering illness, January 31, 1916, aged 77 years. Dr. Howard served in the Confederate Army during the Civil War.

Dr. William Philip Spratling, College of Physicians and Surgeons, class of 1886, professor of physiology and nervous diseases in the College of Physicians and Surgeons from 1908 to 1909, for the last four years a resident of Welaka, Fla., died in that place December 22, 1915, from the effects of a gunshot wound accidentally self-inflicted while hunting, aged 52 years.

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